Troping the Asylum:

Authors and Authorities at the Toronto Asylum (1850-1920)

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There are now 102 insane persons, former residents of Toronto, in this house, and to this number must be added those belonging to Toronto now in the London and Rockwood Asylum. To those who form their judgment of facts solely on figures, no further proof would be necessary to warrant the assertion that Toronto is the maddest hole in all Canada, if not in all the world. This year it has sent in more than one-fifth of all admitted .... (Dr. Joseph Workman, Annual Report of the Medical Superintendent, Asylum for Insane, Toronto, 1871).

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1: FOREWORD

I live in the shadow of the Toronto Asylum, in Parkdale, Toronto's great ghetto for gays, blacks, paupers, psychiatric survivors, etc. The neighbourhood begins at the overpass for the Canadian Pacific Railroad, where King and Queen Streets symbolically descend a little, so as not to interfere with the trains. Joseph Workman, Medical Superintendent 1853-1875, the "Nestor of Alienists," fretted that the steepness would cause accidents. He also wanted the structure to be aesthetically pleasing, since it was so close to "his" grounds.[1]

What marked the boundary of the Asylum, now marks the beginning of Parkdale. The patients of the Queen Street Mental Health Centre, the successor of the Toronto Asylum,[2] rent the neighbourhood's old houses and apartment buildings, more or less out-patient boarding-homes, many of them fire-traps. Workman observed that asylum treatment was at least better than an auto-da-fe;[3] occasionally it seems no different.

The following is a discussion of the writings of the patients, inmates, and principal alienists of the Toronto Asylum, circa 1840 to 1920, organized around such themes as the relationship between medical authority and authorship, the textuality of disease, and the meanings of asylum.

My principal thesis is that doctors in rather self-interested ways constructed medical authority as authors, by troping the asylum and its diseases until, thanks to the perceived failure of things like "moral therapy," and professional self-interest, they "virtually" troped it out of existence. I describe this troping in the doctors' own texts, focused on the Toronto Asylum, because of its paradigmatic, long and troubled history. In the process I have probably reversed the usual relationship of such texts to history; what are usually treated as glosses are here treated as main text.

Toronto's asylum doctors looked and gazed, but they also read and wrote. Their texts demonstrate, among other things, the persistent and even obsessive textuality of medical authority, even as they themselves protested -- too much -- that it was based on something more. These texts parallel, are affected by but also help to facilitate developments in the history of alienism and early psychiatry, from the failure of "moral therapy," through the depressing period of "custodial care," to the beginnings of clinical psychiatry, the "discovery" of dementia praecox, and the "Mental Hygiene" movement of the 1920s.

These texts describe a kind of North American "birth of the clinic," not the austere Foucauldian clinic of the 19th-century, but something related to it in its capacity to generate, however crudely but viciously, the knowledge that not only enhances its power but also disseminates it. Of this phenomenon it is appropriate to ask, as Foucault does of the 18th-century clinic, whether one can rightfully "transform into an object of clinical observation a patient whose poverty has compelled him to seek assistance" (83), or whether it is not "a tacit form of violence ... upon a sick body that demands to be comforted, not

displayed" (84).[4] The latter question dogs not only C.K. Clarke's vociferations in the name of the Asylum on behalf of the clinic, but also the rhetoric of his predecessors, George Hamilton Park, Daniel Clark, and above all, of Joseph Workman, Clarke's mentor as well as predecessor. In their various arguments, in pamphlets, articles, and annual reports these doctors continually display the bodies of the sick, to no good effect. Ironically, instead of the "dense and wealthy population of a metropolitan city," which the original commissioners anticipated in the 1840s would mean a steady supply of students, an ever-growing population of urban poor supply it with variously depicted "plagues" of masturbators, monomaniacs, erotomaniacs, paretics, degenerates, schizophrenics, defective immigrants, low to high-grade morons, and feeble-minded women. The doctors play fast and loose not only with these diseases but also with the poor who seem to be especially vulnerable to them, and whose diseases it is difficult if not impossible to distinguish from poverty. The diseases vary with the role of the Asylum in professional imagination, but their epidemic and endemic character remains constant. lum

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Beginning in the 1960s historians such as Erving Goffman, Gerald Grob, David Rothman, Ellen Dwyer, Constance McGovern, Roy Porter, and Andrew Scull have narrated the origins and described the character of asylums and mental hospitals. Most of their studies have been influenced by Michel Foucault's Madness and Civilization: A History of Madness in the Age of Reason, with its idea of the "great confinement," and its systematic debunking of the "Whiggish" or naively "progressive" view of such history. The most significant of these historians, Andrew Scull, has refined and qualified his earlier Foucauldianism (arguing that the idea of the "great confinement" is itself a myth, or a development peculiar to French history), but has retained and more clearly articulated his connection of the rise of the asylum in England to the development of a market economy. He remains an eloquent critic of psychiatric "professionalism."

The following parallels these earlier histories, as in some ways it must, as a study of texts focused on an institution subject to the same economic and social forces as any other in a developing capitalist society. But it is also intended to elaborate another issue initially raised by Foucault, the absolute separation of reason and non-reason which he argues characterizes attitudes to madness in the "Age of Reason," and marks its "constitution as a mental illness" (x). The texts that form the basis of this study, because of the common affiliation of their medical authors, together comprise a peculiarly intense "monologue of reason about madness" (x-xi) which helps us to understand some of the effects on discourse of its separation from its ostensible subject. The peculiar character of these texts owes much to their being "monologues," an effect on the sane of their silencing of the mad.[5] Despite (or because of) their monologic character, these texts are also curiously lopsided, self-incriminatingly polyvalent, and embarrassingly lacunar. At the risk of further one-sidedness, I confess that I sometimes read in them the "mirror writing" of the "silenced" mad, an effect on the sane of their silencing of themselves.

2 LUNATIC HISTORIES: JOSEPH WORKMAN" S CONSTRUCTIONS OF DISEASE AT THE PROVINCIAL LUNATIC ASYLUM, TORONTO: ASYLUM AS CURE

(The Temporary Asylum: Star-Chamber and Archive)

When a new jail was opened in East Toronto, on January 21, 1841, seventeen lunatics incarcerated in the Old York Jail became the first official patients of the Temporary Asylum.[6] In 1846 a second temporary asylum was established, ironically enough, in the old Parliament Buildings on Front Street. These buildings were used as an asylum until 1850, when the Provincial Lunatic Asylum opened on the site presently occupied by the Queen Street Mental Health Centre. This decade of the Temporary Asylum was marked by administrative difficulties stemming from "differences between the board of directors and the superintendents" (Burgess, 22). A parliamentary act of 1839 had vested all property in the Board, given the Board control over the hiring and firing of the staff, and inadequately defined the powers of the Superintendent. Successive Medical Superintendents clashed with the Board and were dismissed: Drs. Rees, Telfer, and Park all went the same way. The result was "anarchy and neglect of the patients" (23).

A government report of November 29, 1848 declined to accept the resignation of the Commissioners and expressed regret that the Commissioners had not been satisfied with the government's previous decision in its attempt to effect a certain rapprochement between them and the current Medical Superintendent, Dr. George Hamilton Park. Perhaps inevitably, the government indicates its willingness to accept Dr. Park's resignation instead. That he resorted to language even after such a defeat, fighting on with words to which the mere existence of his text attests, suggests the great importance which he must have attached to language and textual authority. He must have understood how much what he wanted to do at the empirical level depended on establishing his authority on the level of signification as a writer; otherwise, he might not have written so much so well.[7]

A related reason for his literary exertions was the impression of his character that he believed the permanent, written record would leave to posterity -- and that he sensed would be his principal remembrance (as indeed it was). Dr. Park knew that his ethos was repeatedly under attack in the

"Minutes" of the Temporary Asylum, even when he did right. The dilemma the Commissioners placed him in when they sought his permission to release the Assistant Steward, a medical student named Mr. J. Cronyn, to absent himself from the perenially understaffed Asylum to attend Medical Lectures at University College, could stand for his whole term of office: "If I acquiesced, it was doing wrong; if I dissented, I incurred ... fresh hostility" (Narrative, 40).

Finally in his war or words Dr. Park found himself, albeit disingenuously considering his textual prowess, at a continual disadvantage, partly because as a doctor he depended on his reputation for his living as well as his honour, but more because of the nature of the textual exchange between himself and the Commissioners and indeed of the texts themselves. As he pointed out, the Commissioners observed no standards or criteria for sifting the evidence for the assertions and insinuations they continually make against him. They even accepted and recorded the evidence of discharged employees, without reservation or qualification. This unsifted material was transmitted to the government, another textual authority, where it became a permanent part of the written record, of the Journal of the Legislative Assembly for example, or more generally of the archive about which Dr. Park expressed his greatest concern:

> THE BASE AND CALUMNIOUS RESULT OF THIS STAR-CHAMBER PROCEEDING IS TRANSMITTED TO THE GOVERNMENT! IT IS FILED AS AN EVERLASTING RECORD AGAINST ME IN THE ARCHIVES OF MY NATIVE COUNTRY! IT IS EMBLAZONED BY THE COMMISSIONERS ON THEIR MINUTES TO RENDER MY PROFESSIONAL INFAMY AS LASTING AS THE ASYLUM. (42)

In his imagination the archive was co-existent with the Asylum itself, both linked to the arbitrary power of the Commissioners. Thus he refers to the Rev. Commissioner Roaf's charge, whose eternal archival existence outrages him so much, that he spent only fifteen minutes per visit, as "the natural fruit of the star-chamber, where the evidence was garbled, perverted, and suppressed, with barely light enough to render `the darkness visible'" (43). The "Star-Chamber" is the locus of the generation of corrupt texts, the archive is the locus of their preservation as part of the record, if not indeed the "truth." Finally the asylum itself is identified with "Star Chamber" and archive as another more or less permanent confining space, but illustrating in its peculiar way the highly uncertain value -- and unpredictable nature -- of what it confined.

When Dr. Park decided to reinforce his authority in the asylum with his authority in the archive, he inaugurated a tradition. It would have been some compensation to him that the written record proved more lasting. All that remains of his asylum is what is contained, more or less bracketed, in his own pamphlet. It testifies to how passionately he fought one kind of hieratic and textual authority with another equally hieratic and textual but ostensibly referentially based in the terrible reality of madness.[8] This, more than any mere chronological anteriority, makes him a truly exemplary asylum doctor.

(Public Outcry and Political Partisanship)

Troping the Asylum

The first Medical Superintendent of the permanent Toronto Asylum, Dr. John Scott from Strathbane, Ireland, was appointed in January, 1850. That Dr. Scott was a son-in-law of the Rev. Commissioner Roaf indicates the nature of the authority that Dr. Park resisted -- and represented. It also indicates why "differences between the superintendent and the commissioners soon began to crop up" (Burgess 27). On July 2, 1851, an attendant named John Copping charged Scott with "ungentlemanly" references to the Chairman of the Board of Commissioners and the Matron respectively as "an old fool" and "a peacock" (27), with cruelty resulting in the suicide of a woman whom he had confined to her room, and with stealing carrots for his horse. In November the sexton investigating the lightness of the coffin of a deceased patient on its way to burial in potter's field, discovered that someone had removed an arm, a leg, and the head for "anatomical purposes" (28).

The editors of the Upper Canada Journal of Medical Surgical and Physical Science created a narrative based on reports culled from various "city papers" (378).[9] In their account two merchants, Whittemore and Brewer, visited Potter's Field in November 1851 and noticed that a coffin, which they knew had been sent from the Lunatic Asylum, seemed unnaturally light. The coroner's jury subsequently discovered that Dr. Scott had performed a post mortem on the body after Mr. Coroner Duggan's own examination. Dr. King decided not to pursue the matter, but the Board of Commissioners of the Lunatic Asylum censured Scott for "`indiscretion and a want of judgment'" (379).

The editors felt that these events touched on some important points of public interest. While respectful toward the public's sensitivities to human dissection, they insist that it was of utmost importance to medical science. Moreover the public's sensitivities would not have been so offended, had Scott and other officers at the Asylum merely taken the precuation of securing the coffin before sending it to Potter's Field. Then the public would have been as ignorant (and uncaring) whether the body of Andrews, a pauper lunatic, rotted or pickled "as it is what the Cham of Tartary eats for lunch" (379). The grizzly comparison identifies the lunatic's hacked-up corpse with meat "consumed" far from anyone's knowledge or concern. While the tenor of the article is to endorse such removal and to fault not the procedure but the bringing of it to public notice, the editors claim to be concerned about the effect of such stories on the inmates.

The principal objects of editorial censure are not the doctors but Whittemore and Brewer, who, according to the editors, would not have broadcast their discovery had they really been motivated by human sympathy. The editors desired to know why the pair investigated the coffin in the first place. They suggested that it had something to do with ""the furtherance of private views or the display of political partizanship" (38). Thus they turn the tables on, as well as "shoot" the messenger, in an early example of "irrational" public outcry against the Asylum, and professional defensiveness. As for Scott, he is not personally guilty, but guilty of inadequately instructing "subordinate officers" to properly bury and secure the corpse against "the custody of an unscrupulous sexton" (380). If anything he is guilty of over-scrupulousness, in returning the parts when he did not really have to, as a "concession to public sensitiveness" (380).

Partly in response to such episodes reforms are implemented, like that of June 20, 1853, vesting the property in the Crown, replacing the Commissioners with a visiting committee, and making the Medical Superintendent independent of them by giving his appointment to the government and giving him the power to hire and fire all officers and servants besides the bursar. After Confederation, such reforms are consolidated in the "British North America Act," where the ninth section gives provincial legislatures control over such institutions as asylums and jails. In curious and incriminating ways, the Lunatic Asylum and its government -- itself so "lunatic" at times -- become the microcosm of a colonial society in its devolution.

(Joseph Workman: The Doctor's Lance)

Dr Joseph Workman was born near Lisburn, Ireland, in 1805, came to Canada in 1829, taught school in Montreal, and obtained his medical license from McGill College in 1835. In 1836 he moved to Toronto where he initially ran a hardware store. He resumed medical practice in 1847, taught obstetrics and therapeutics in Dr John Rolph's Toronto School of Medicine, and in 1853 became Superintendent of the Provincial Lunatic Asylum at Toronto. Workman's Asylum had been partially constructed by 1850, and would not be completed until nearly 20 years later. A government institution, the Provincial Lunatic Asylum and its precursor established in 1841, had been characterized by nepotism and mismanagement, and by embarrassing public quarrels between its Commissioners and its politically appointed Superintendents. Workman, a Reformer associated with the influential Dr Rolph in whose school he taught, was one of these. Under his efficient management `his' Asylum became the centre-piece of a province-wide system of penitentiaries and asylums that, by 1859, was maintained by the `first ... board of public welfare in North America'.

After his retirement in 1875, Workman was president of the Canadian Medical Association (1877) and the first Canadian alienist to be made a member of the Royal Medico-Psychological Association of Great Britain. When he died in Toronto in 1894 he was one of his country's most famous doctors, and its most famous alienist. He is generally revered, at least by the staff, at the institution which succeeds his Asylum on Queen Street West, and where a theatre bears his name. His bust is in the lobby. He exemplifies the `first generation of would-be professionals who created that uneasy alliance with the state that has continued to both bedevil and reward professional life in Canada to this day'.[10]

It is not, therefore, Workman the doctor who principally interests me here, but Workman the author of his own considerable medical authority. While many nineteenth-century alienists are more famous than he is now, and many are more scientifically and medically important, I think none better illustrates the way a totally inexperienced man could virtually write himself into his profession. None better illustrates, too, the hazards of doing so when that profession is alienism.

Workman was uniquely qualified for the performance. Prior to his appointment to the superintendence of the P.L.A. he had been a medical official, a politician, and a professional journalist. As an editor of the Toronto Mirror in the 1840s he seems to have learned how to reinforce one kind of authority with another.

For example, in an item of Friday, August 13, 1847, headed `Fever Hospital', the Editor indicates the insertion of an article by `Medicus', on the use of wine to treat the fever of recent immigrants. The Editor, almost certainly Workman himself, rather archly observes that `We by no means entertain the same view as Medicus in relation to the conduct of Doctor Workman on the Board of Health'. Workman the Doctor might not have the authority to tell other doctors what to do, but Workman the Editor would. Subsequently `Medicus' -- probably a `plant' -- praises Workman as `a Medical practitioner of acknowledged talents' while regretting that he, as a member of the Board of Health, suppresses his own opposition to the use of wine, in alleged compliance with the `conventionalities of society'.

In ways that anticipate Workman's writing as Superintendent, the Editor dramatically depicts the city as an impoverished, menacing, plague-ridden place. Awaiting the outbreak of epidemic, he reports, in a piece headed `Asiatic Cholera' in the issue of September 29, 1848, his having received from `a professional friend' a history of cholera, `from its first appearance in India, down to its last introduction into this country in 1834'. Portions of the `professional friend's' text are identical to the text of Workman's `Reminiscences of Asiatic Cholera in Canada', discussed below. The `friend' and the Editor are probably both Joseph Workman.

It is ironic to find the Editor, in an article of July 14, 1848, headed "Improvement in Lunatic Discipline," describing the annual Orange Parade in terms of a lunatic procession. He begins by remarking what appears to have been a regular urban spectacle, of female patients from the Lunatic Asylum being driven in a carriage around the city, seeing and no doubt being seen. This time, however, the whole Asylum population appeared to be on parade. The editor expresses his great pleasure at having recognized several citizens whom he had not previously thought mad, and one whose obvious shame and embarrassment indicated returning reason. His only regret is that Dr. Park had not chosen a day when his lunatics would not have been mistaken for Orangemen in a 12th of July procession.

In the July 21st paper, under the heading "Twelfth of July," the Editor apologizes, albeit facetiously, to those readers whom he has offended by what he calls his "little jeu d'esprit." Rather disingenuously he claims to have been hoaxed by a contributor, whose article he set verbatim in editorial type.

By pretending to correct mistakes in the last piece, he only makes the Orange ritual more ridiculous, and reinforces its similarity to a lunatics' procession. Yes, he admits, as if he were not increasing the damage, the procession described in the last issue as "an excursion of lunatics from the Asylum," was indeed a "bona fide Orange procession"; what was described as a large beerbarrel was really a "genuine Protestant big drum."

Possibly anticipating one of his favourite ploys in the Annual Reports, the Editor exploits and playfully reverses the opposition between the Asylum and the rest of the world by reporting the inmates' indignation at being identified with anything as "mad" as the Orange Procession:

> We regret to learn that the inmates of the Asylum have also been seriously offended by the same article; and have expressed great astonishment that we could possibly have been deceived into the belief that they would act so Irrationally as to expose themselves to the derision of the citizens of Toronto, by any such childish proceedings as those which characterized the procession of the 12th instant.

The Editor pretends to have equally offended those he (accidentally) depicted as lunatics, and those who are (or at least are treated) as lunatics. Of course, the real target is not the inmates of the Provincial Lunatic Asylum, but the inhabitants of the supposedly sane City.

The rest of the article describes some of the arrangements, regarding the Orange Procession, which make its sanity more supposed than real. One of the City Magistrates joined the Procession, despite being sworn to uphold the law banning it. Workman pretends to believe that he did so not a mere participant but as a "good example" to his fellow-Orangemen. This being so, the Editor concludes that for the sake of public order, all Orangemen should be made magistrates. Such mad arrangements, especially for a Roman Catholic Irishman, are nonetheless based on the premises of a supposedly sane world.

The Editor of the Mirror first indicates his awareness of the quarrel between Dr. Park and the Commissioners of the Provincial Lunatic Asylum in an article headed simply "The Lunatic Asylum" in the edition of October 20, 1848. Glancing at the alleged "mistake" regarding the Orange Procession last July 12, the Editor expresses some reluctance to embroil himself in Asylum business: "mad people should not be meddled with, unless by those entrusted with their care." Consistent with his tendency to reverse the opposition between Asylum and city, lunatics and citizens, he leaves it noticeably unclear precisely who the "mad people" are.

The fact that among the Commissioners are doctors, magistrates, parsons, and a sheriff, makes the prospect for love, law, and physio in the "sane" world all the less promising. Ironically, given the likelihood that the Editor is Workman, he remarks that his publication is not "the organ of the Asylum." Workman's subsequent numerous Annual Reports would be just that, a veritable Asylum newspaper often containing astonishingly effective journalism, especially for a bureaucratically driven governmental report.

On December 1, 1848, he requests more information on the dispute between Park and the Commissioners, but especially for more candour from the latter. The Editor does, however, make one observation or rather insinuation prejudicial to the interests of Dr. Roaf, which is that his son-in-law (Dr. Scott) appears to have been a candidate for Dr. Park's job and indeed a rival, in which case Rev. Roaf's present opposition to Dr. Park cannot appear unbiased or unmotivated.

By the issue of December 8, he feels that matters between Park and the Commissioners have deteriorated so far that the Executive has to get involved to bring about a peace. They must either find him guilty and punish him, or find him innocent and clear his name.

According to the Editor, it is hardly surprising that the leader of the "movement" against Dr. Park is the Rev. Dr. Roaf:

> Mr. Roaf is a man of great business tact, and very fond of enacting the part of top-sawyer, wherever he chances to have an opportunity of shewing off.

Roaf was evidently also something of an anti-Catholic bigot, since the Editor recalls a "no popery" speech which he delivered in London before "an exclusive audience." Apparently Roaf behaved more moderately at home, trying to reassure the Irish and to keep Dr. Burns quiet about "certain little matters of arrangement touching the University Bill." Given Roaf's record of deviousness, the Editor is skeptical that the Reverend Doctor has been "actuated by a mere sense of public duty."

The Editor discusses in detail the obsessive controversy over whether Dr. Park lied when he asserted that his order, that "not more than one excited patient should be confined in the same cell," had been given and written on June 20th and subsequently ignored and disobeyed. As for Roaf's complaint that Dr. Park had not placed the order in the usual book, the Editor points out that an order for a "general order book" was posted on July 25; in other words, there had been no "usual order book" until after the order was made, so Dr. Park had not deliberately "hidden" the order or later inserted it in an available space, but had indeed put it in the best possible place. As a Commissioner, Roaf should have known as much (and probably did, the Editor insinuates), since it is the duty of every Commissioner to oversee the books. The Editor concludes most emphatically in Dr. Park's favour:

> The facts are simply thus: -- the prescription book used by Dr. Park was the one which he found in the Asylum when he entered it, and which had been used by his predecessor, Dr. Telfer, as well as by Dr. Primrose, while acting for Dr. Telfer.

He points out that the ink used to write the order was the same colour as that on the rest of the page. As for Roaf's insinuation that orders had been "tampered with" in order to deceive, he challenges Roaf to produce one good example. The Editor implies that Roaf is one of those "political parsons" who should not hold high offices like Commissions.

The Editor of the Mirror complains on December 15 that the Commissioners have tended to conduct their affairs too much in secret, behind closed-doors, interrogating "Keepers, Nurses, Servants, Porters, and Steward" in "Star-Chamber fashion," without giving Dr. Park an opportunity to attend and participate.

Such arbitrariness and "despotism" is seen as the influence principally of the Rev. Dr. Roaf. He playfully likens this obsessively treated, now "rediscovered" book to "Pussey" in her well:

> Ding dong bell,
>
> Pussey's in the well.
>
> Who put her in?
>
> Little Tommy Tin.
>
> Who pulled her out?
>
> Little Tommy Trout.

He implies that this book was deliberately "Burked" at the time the Commissioners "Burked" Dr. Telfer and, like the mythical cat, retrieved only when it suited them. "Burking" would, incidentally, have been an especially apt word for any sort of shady Asylum business, since the original William Burke smothered ("hushed up") his victims in order to sell their bodies for dissection (according to The Concise Oxford Dictionary).

The apocryphal "similar book," which never existed in Park's time and which was probably suppressed by the Commissioners themselves, becomes another local scandal like "the humours of the red-gown, and the horrors of the tin box" (standing for the mayor's office and some fiscal matters). The affair at the Asylum becomes a farce, a "comedy," but one that has only just begun to effect a rough sort of poetic justice. The "Burkers" appear to be in "agonies," suffering the slow suffocating death that Burke inflicted on his original victims, falling into the pit "they digged with their own hands." Rev. Roaf himself will have a hard time obtaining "his clearance certificate from the mad house."

In the issue of March 31, 1847, it is reported that a City Alderman named Beard addressed Workman as `worthy Doctor', and that Workman angrily rebuked him that he is the alderman representing the Ward of Saint David. Beard then accused him of `taking notes, and writing articles for this journal'. Risking exposure, the Editor mocks the Alderman for having so `shrewdly suspected a Doctor's Lance had been employed on the occasion'. Modern readers of Workman's annual reports ought to suspect him of employing the journalist's pen at least as effectively.

Workman himself describes his method of using the reports as `important channels' in `a system of general courteous exchange' with `the whole body' of asylum superintendents in Europe and America (report for 1859, 39).[11] Such statements amount to a warning to his government, that his criticisms will be overheard by a powerful and sympathetic audience of fellow doctors. As this government fails to realize either the original plans or the spirit of the Asylum, Workman's arguments affect his presentation and

construction of mental illness and vice versa in what could be aptly described as a long, increasingly complicated, and steadily deteriorating dialectic between literal and figurative constructions of disease. Workman's unusual articulateness, his prominence in Toronto, and the peculiar circumstances of the Toronto Asylum make his reports an unusually rich and dramatic narrative of a process that begins with pleas for completion in the 1850s and ends with veiled recommendations that it be demolished in the 1870s.

Epidemics and Heroics

In his very first report (1853-54), Workman narrates the `cleansing' of the Provincial Lunatic Asylum upon his taking charge. Its symbolic nature is apparent; the new doctor takes charge of his Asylum and rids it of the plague. He very dramatically emphasizes the extent of the pollution: every `apartment' has been infiltrated by the `foul air'. It is coextensive with the vast building itself. The source of this `mass of filth and impure fluids' (4) remains mysterious: `some undiscovered cause'. It sickens the `Visiting Commissioners' and others who `chanced to inhale it' (4).

The building is an institution literally and figuratively characterized by human waste; sinking into the accumulated excrement -- `three to five feet in depth' (4) -- of its inhabitants. The cause of the pollution does not become apparent until well into the report, as if Workman had wanted to build suspense, to emphasize his role by withholding the solution of the crisis, and to delay stating a cause that he knew would dissipate any further theatrics with an element of bathos:

> a defect in the deep drainage, of a most unaccountable character. The interior drains from the kitchens, laundries, and other parts, being followed from their sources to the points of emergence from the building, were here found to be further impenetrable, having never been carried out to the main sewer, which was at the short distance of 22 feet. The remedy for this evil was palpable, and was promptly applied. (5)

Workman's obsession with such details seems to reflect both his attitude to disease and the rather heroic and all-encompassing role that he constructed for himself as doctor. Fearing the return of Asiatic Cholera in 1871, he describes with words and a little drawing how `downward ventilation' works by drawing off foul air through a pipe intersecting the drain above the water-trap, on the same principle as a tobacco pipe. His constant tampering with things like ventilation eventually precipitates a public quarrel with Kivas Tully, the Architect of Public Works (1872, 27).

A much earlier source of this preoccupation with epidemics is suggested by a significantly later piece, Reminiscences of Asiatic Cholera in Canada, published in The Canada Lancet in 1883.[12] Plague is the disease of civilization, following the trails and caravan routes of commerce and religion, Workman's `march of armies...advance of caravans...trails of Mahommedan pilgrimages' (38), like the other more

figurative or partly man-made `plagues' that eventually preoccupied him. Plague is a complicated part of what Workman defines his Asylum against, an especially metaphorical sign of what his Provincial Lunatic Asylum is an asylum from, especially in the mid-1850s when, due in part to its physical location in what is then `the country', but also to Workman's own rigorous precautions, the city seems as distinctly urban and plague-ridden, as the asylum is rural and healthy.

Moral Pestilence

The report for 1857-58 features an unusually long section on the causes of insanity, focusing on society itself. While he does not have sufficient data to confirm the `concurrent opinion' of writers on the subject, that insanity is on the rise, he notes the rise of `the various contributive agencies', from which he finds it `almost impossible to withhold the admission that it is yearly becoming more prevalent' (12).

While Workman speaks confidently of such causes above, he notes that in 19 out of 20 cases the causes assigned on certificates, by relatives and medical examiners alike, are fallacious. Many of these `fallacious causes', which Workman recites from the Asylum Register, now look more like the concerns of a social worker than an asylum doctor: `Loss of Property ... Excessive Study ... Intemperance ... Want of Employment ... Business Difficulties ... Political Excitement ... Tobacco ... etc'. (13). But after this false catalogue Workman neatly adds a `true' which today seems almost as ridiculous: `Gestation; Puerperal disorder; Over lactation; Fevers resulting in cerebral lesion; Sun-stroke; Intense cold to the head; Injuries of the skull; Apoplexy; Epilepsy; Parental intemperance; Masturbation; Scrofulous and syphilitic taint; Defective diet, etc'. (14). He first indicates `evils in the existing state of society', then through various indirect causes such as `modern education and the moral training of youth', focuses on some unnamed `moral pestilence', which (of course) is masturbation:[13]

> Underlying or interwoven with these, or other efficient causes of insanity, are to be detected evils in the existing state of society, and it is to be feared in the pernicious tendencies of modern education and the moral training of youth, which demand of the physician entrusted with the care of the insane more than a casual indication. Deplorable and multitudinous are the facts which, in at least one section of his sphere of observation, the reminiscences of the Superintendent of an insane asylum supply in demonstration of the calamitous results of the moral pestilence alluded to. (1857-58, 14)

Workman quotes from the report of Dr McFarland, Medical Superintendent of the Illinois State Hospital for the Insane, on the evils of masturbation. One of McFarland's revealing concerns about masturbation is its `recruiting' its victims, `not from the ranks of the naturally low and sensual, but from a class comparatively high in the social scale' (15). At the same time, since the source of the `pestilence' is often a `corrupt family servant', it would seem obvious that the lower classes themselves are afflicted -- unless they are themselves merely the immune `carriers'.

McFarland blames generally `the influences which make our society what it is', and specifically the `instructor of youth', especially the religious teacher. Such teachers tend to repress young minds, certain `elemental parts' of which require expression, which must be allowed or `exuberant nature revolts' (16). Behind the repressive teacher is an even more repressive `goddess' of Public Opinion, who caps these volcanic forces of natural expression so that `secret vices gnaw and gender in the hidden recesses of the soul' (16).

From this the `moral pestilence' appears to be less masturbation itself than the guilt associated with it. But masturbation is not counted among the natural forms of expression. These are apparently non-sexual activities; precisely how they siphon off sexual energies is never clarified. But the `puritanism' which McFarland opposes is, curiously enough, less a matter of sex than of decorum. McFarland suggests that `mirth and sports' should be taken more seriously, as measures for preventing the `thronging' of American institutions with insane masturbators, etc. It is as if, when the most obvious source of repression proved to be sexual, the doctors chose exercise.

In the annual report for 1859 Workman admits that a superficial glance at the statistics would indicate that men are more liable to insanity than women, and that marriage produces insanity in the latter, but he warns against coming to any such conclusions. There is a correlation between marriage and insanity for women, because insanity seems to target women between age 25 and 35, by which time most women are already married. However, there is a telling lack of any such caution with regard to statistics indicating a correlation between single men and insanity:

> The Asylums of this continent abound with the wretched victims of this apparently concomitant curse of advancing civilization, -- a curse which medical alienists regard, not as the result of ignorance, but as one of the products of that which is called improved modern education. (1859, 7)

Obviously, agreeing with the Dr McFarland quoted in the above report, he attributes masturbation, not to its more obvious cause, sexual repression, but to a more narrowly defined physical kind -- simple inadequate exercise:

> every American Asylum physician will corroborate the statement, as to the sad concomitancy between our system of youthful training, and the constantly augmenting population of our insane institutions. (1859, 7)

In the report for 1863, while arguing that the figures show that `insanity and crime are, so far as the vice of intemperance is concerned, diametrically opposed' (29), he asserts that there is `another vice leading to insanity, or, at least, complicating it, quite as obstinate as intemperance' (29). The Toronto

Asylum, like others in the United States, contains a `multitude' of those whose madness has been caused or complicated by masturbation, few of whom will ever leave.

Workman is convinced, or at least wishes to convince us, that masturbation, `this vice', is on the increase. While the perception of an epidemic of lunatic masturbators might have been especially annoying to Workman, because it meant filling his Asylum with people he could not cure, the perception that the disease did not exclude well-educated people, would have caught the attention of the rich and powerful. So long as religion, education, and temperance are `present and rational', they are `the best protectives' against insanity. But while a poor or `trumpery' education `chokes' the mental powers, a `superior' education `ruins' the physical. Education appears to be a regulatory force between mind and body, itself in need of constant regulation. Instead, according to Workman, it undergoes the constant tampering of `hot-bed experiment' that will only cease when the educators themselves `understand what education means' (30). The connection between `reading and writing' and moral pestilence may not be `necessary', but it seems to exist. The contents of Workman's reports are broadcast in provincial journals, thereby helping to create a sense of national health crisis.[14] He is attacked by a country newspaper editor for being `in error'. Now he only wishes that he had been. He presents himself as suffering from an `enfeebled' physical condition, making his efforts on behalf of those afflicted with this epidemic `habit' all the more heroic, and all the more in need of assistance.

In the report for 1866, Workman dramatically introduces the topic with a prefatory section of statistics indicating a much smaller percentage of discharges to admissions for men than for women. This alleged `disproportion' is presented as a radical reversal of `the relative curability of insanity in the two sexes'. Since the next section is headed `Evil Habit', the organization of the report alone would suggest that this increase of `incurables' is due to an epidemic of masturbation.

Thus Workman links an old problem, the problem of accommodating a growing permanent population, to a new cause. The problem of `incurables' becomes the problem of `evil habits', as if in that guise it is more likely to be solved. That the campaign against masturbation might at least unconsciously be motivated by a desire for a bigger, better Asylum is suggested by the obvious connection between the perceived danger of `infection' with the `evil habit' and its prevention by means of more private rooms or even `totally distinct lodgment' (11) in the wings being constructed as Workman wrote.

Finally the issue and Workman's position seem almost made for each other. If Workman's position as Medical Superintendent of the Provincial Lunatic Asylum qualifies him to speak out about masturbation as he asserts it does, speaking out qualifies him for the position. The position and the issue, and Workman's qualification to fill the one and to speak out about the other, are mutually reinforcing.[15]

What Workman does finally speak out about is, by his own indication, not the illness itself but his own `convictions' about it, which if unexpressed are not only as much an effect of `repression' as the disease itself, but potentially (if indirectly) a cause. Later, in examining the `Circulars' or admission forms for indications of the `Evil Habit', Workman resorts to what now seems a rather unconvincing language of `conviction': `I feel fully assured, or morally certain -- secret vice is present' (10). One might wonder what

it means to be `morally certain' as opposed to merely certain. `Moral certainty' would appear to include the suspicion of something about which it is infinitely safer to err on the side of caution, or which it is more dangerous to overlook and do nothing about than to indicate even where it might not exist.[16]

There is yet another reason not to be reticent. Workman's earlier discussions suggest that in some sense `suppression' or `repression' really was this disease, the cause if not the essence. Here his language suggests that the great doctor might himself be stricken, as often happens in epidemics, if not exactly by the disease itself then by its cause, and become himself the worst carrier:

> no one would be less excusable than myself for the concealment or suppression of the convictions which protracted and thorough investigation has established in relation to the `enshrouded moral pestilence' which overspreads the land. (1866, 8)

Not `speaking out' about masturbation would therefore be just another form of the `repression' which caused it. A prominent doctor like himself has no choice but to `speak out' or become not merely a conniver at disease but its most conspicuous victim and contagious source.[17]

Moreover, the doctor's silence would amount to the contagion of the most likely source of deliverance from a plague of epic biblical dimension. Workman's language here strikingly resembles the language of pestilence and deliverance with which he ritualistically inaugurated his superintendency of the Provincial Lunatic Asylum in 1853. Then he was the deliverer of an institution which microcosmically resembled a world. Here he presents himself as the deliverer of nation which macrocosmically resembles an institution.

On one hand the nature of his superintendency has changed over the years, become less insecurely institutional and more confidently national; on the other, the nation itself has been `institutionalized'. What remains relatively constant between the minor `plague' of the 1850s and this major one of the 1860s is Workman's heroic role. Identifying one epidemic with another, and identifying silence with the source of the pestilence if not the pestilence itself, Workman justifies his role as national medical spokesman even as he invents it.

Masturbation itself seems rather lost or non-existent; perhaps in Workman's mind there was no such thing.[18] The `issue' becomes `issues', including some vaguely articulated but perhaps strongly felt change in the national temper towards what Workman identifies as `repression', and some corresponding changes in the nature of the medical profession itself. As it becomes more socially important, `speaking out' in the critical way Workman advocates, becomes both more important and more difficult. The professional is potentially the accomplice.

Workman speaks with additional authority, and poignancy, as he approaches the end of his career. He implies that he speaks out only because that end is near; to allow it to arrive without speaking out would amount to maintaining silence forever -- `a sin of omission, deserving of enduring self-condemnation'

(1866, 8). Moreover it might be many years before any successor would enjoy a similar opportunity in terms of forum and audience; worse, that successor might prove too modest or lazy to take advantage.

He therefore finds himself at a decisive moment, but so should other members of society, especially doctors, teachers, and religious officials. Everyone who knows anything about `the habit' and does not speak `should be regarded as criminal' -- and many people know a great deal: `They will know that all I have written on the subject not only is true, but that it falls very far short of the whole truth' (1866, 9). It really is rather incriminating that, in his almost exactly contemporary `Observations on insanity,'[19] Workman is considerably more cautious about masturbation and even ridicules it as a major cause of insanity: `if masturbation be regarded per se, as an efficient cause, I dread to think how multitudinous will be the number of lunatics in America' (406).

Workman subsequently endeavours to combine masturbation with consumption, the one moral and largely imaginary, the other more poetic yet physiologically based. Paresis and consumption are already connected as gender-specific causes of death, or what Workman rather ingeniously labels `compensative death factors' (1871, 24), paresis as male consumption and consumption as female paresis. All of the males who die of consumption are identified as masturbators, or somewhat less than men, `inveterately addicted to the secret evil habit' (24). Consequently consumption in men appears doubly unmanly, as a disease more closely associated with women and masturbators.[20] His masturbators appear in the sort of language Shelley addressed to himself, as they `welt, and wither, and perish, even as the tender plant, gnawed and poisoned at the core by a hidden destroyer' (24). He concludes a scarifying depiction of `hundreds and thousands ... continuously crawling on in the hideous march of Death' (24), by exhorting `all men' that `this pestilence might be checked' (24). Perhaps it is irrelevant to wonder which pestilence he means (masturbation? consumption? masturbation and consumption? death? something else -- effeteness? effeminacy? homosexuality?),[21] since it appears that he might not mean anything at all.

Moral Insanity or Insane Morality

In `Case of Moral Mania?'[22] written in 1863, Workman seems especially sceptical of the `purity' of the disease, implicit in which is the `purity' of insanity itself. Workman has been able to account for other cases of alleged `moral insanity' in terms of what he calls an `intellectual lesion' (410).[23] Even the `purest' cases of `Moral Insanity' eventually degenerate into `unequivocal intellectual insanity' (410), as we would expect `unless, indeed, we can believe that the mind is but a loose conglomeration of sovereign and independent faculties or states, any one or more of which may, when it sees fit, secede from the union' (411) -- a blatant appeal to the Federalist side in the Civil War then raging in the United States.[24]

Workman goes to some length to emphasize the regularity of his patient's life, and her good performance at school where her teachers found her `very clever and attentive' (406), at least before her first `attack': `Her previous habits of life were certified to have been regular' (406). The initial attack lasts

for some six months and consists of `K.S.' destroying her clothing by `cutting out pieces, generally of circular shape, with scissors' -- not without striking indications of the `order and method' (406) which Workman finds inconsistent with `genuine insanity'.[25] At the same time Workman suggests that K.S.'s mother might be too hostile to K.S. to be objective: `A long detail of other bad deeds was supplied by the mother, sufficient to qualify a dozen candidates for asylum lodgment' (406). He himself resolves to be fair and impartial:

> Notwithstanding the very unpleasant impression made one my mind by the preceding history, I resolved to treat the girl according to her present conduct, and practically to ignore the entire bill presented by the physicians and the mother. (407)

After three months at the Asylum, K.S. does not appear to be ill; Workman asks her to write to her mother, to inform her that there seems to be `no necessity for her [daughter's] further detention' (407). When the mother fails to appear to retrieve her daughter, Workman writes to the mother himself on April 20, 1862, and learns by return mail that no letter has been received. The mother comes on April 25, and takes her daughter home.

The daughter repeats her earlier offense. The mother returns with her daughter three or four days later, carrying `another bagful of samples of her scissorial handicraft' (407). Again, the most striking detail to Dr Workman is the symmetry and order of with which K.S. has vandalized the samples, which indicates to him that `they were not the work of an unsound mind' (407). Workman concludes:

> whatever might be said as to the wickedness or wantonness of the acts, four months' close observance of her daughter had failed to show me that she was insane, either intellectually or morally, and I believed she was quite a free agent in all her conduct, and all her thoughts. (407)

Nevertheless, the mother begs him to readmit K.S. Dr Workman agrees to do so on the basis of a second certificate of insanity.

On May 1, 1862, the mother duly produces a certificate on which `lunatic' has been crossed out and a phrase inserted: `a monomaniac with the propensity to the secret destruction of property' (408).

K.S. indicates that she would like to leave the Asylum, but not to go home. She declines to explain why she destroyed her clothing. Workman decides that K.S. is really suffering from what he calls `moral insanity', and represents a very good example of the same: `one of the purest and least complicated I have ever heard or read of' (409).

> In committing her destructive acts, it is very certain she felt not "constrained by an irresistible impulse, contrary to her convictions of right," but, on the contrary, she was well aware that she was doing wrong. (409)

Dr Workman interprets the silence of `K.S.' when asked why she vandalized her own clothing, and even provides her with words borrowed from the patient of another doctor, the famous Isaac Ray. When asked for his motivation, this patient explained that it gave him `an indescribable pleasure to do wrong' (410). K.S. is an even purer example of `moral insanity' because Dr Ray's patient was only apparently free from any other mental impairment; K.S. really is, apart from the `moral insanity' itself, mentally sound.

In a later essay, `Moral Insanity - What Is It?',[26] a principal factor in Kate's not wanting to go home is her intense hatred for her mother, which Workman unilaterally attributes to the `unaccountable ... likings and dislikings of the insane' (343). Here Workman is concerned that if he had treated Kate `not as the subject of mental disease', but as `delinquent', she would have been sent to prison and `transformed ... into a real and a hardened criminal' (343), like her sister. We now learn for the first time that Kate has a sister, who rather conveniently illustrates the dangers of the failure to diagnose `moral insanity' correctly. Instead of indicating that Kate might have had reason to dislike her mother and her home, the sister's disaffection indicates that both women were probably suffering from `Moral Mania' and that it was probably hereditary. Such an interpretation suggests that `Moral Mania' was in fact a catch-all for a value-laden critique which emphasized desires at the expense of motivation and context, and which therefore tended to spare family and society at the cost of the patient.[27]

Workman's analysis of `K.S.' and her moral insanity illustrates something of the complex and equivocal role of the Asylum where he worked.[28] The two sisters themselves seem to exist merely as graphic illustrations of the same person, with and without asylum. On the one hand, like Workman himself, it heroically (and rather melodramatically) intervenes between K.S. and the fate luridly illustrated by her sister's contrastively `tragic' life; on the other the Asylum appears to do nothing about the social reality that women like K.S. seek refuge from. It is urgently needed to prevent more young women from `falling' as K.S.'s sister did, but it appears to be in complicity with what makes them fall in the first place. Meanwhile Workman congratulates himself as `many superintendents of large asylums ... state that they have never encountered a case of pure moral insanity'.[29]

Paresis: The Asylum Greeter and the Experienced Eye

In his report for 1866 Workman attributes six deaths to `General Paresis'. He seems willing to allow that while it seems to be more common, that could be a function of more accurate diagnosis, partly due to the disease getting more attention. However, many general practitioners are still not aware of it.

The name, `General Paralysis', is partly responsible for the failure to diagnose the condition. For one, at the onset of the disease, the patient is `apparently free from any paralytic affection', or even characterized by an unusual degree of physical excitement: `more active, lively, and robust' with `more mental energy than ever in his life before'. Other characteristics of the disease, such as the patient's voracious appetite, and `general apparent good health', appear to have nothing to do with paralysis.

The earliest symptom of the disease which appears to coincide with its designation is the `defective articulation of speech' due to the `impairment of the lateral muscles of the tongue' (14). This early manifestation is usually accompanied by delusions of wealth or some other incredible attribute. Workman declines to offer any details of the numerous cases at his disposal, partly from reluctance to pander to some readers' appetite for sensationalism, but mainly from reluctance to awaken others' horror at what might happen to themselves `under the inscrutable decrees of Providence' (15). The lack of any real understanding of the origins of the disease must have made it seem all the more `providential', and Workman's wards were already too full of people living in terror of providence for him to insensitively add to their fears.

In the nearly contemporary `Notes Illustrative of the Pathology of Insanity',[30] Workman approaches general paralysis indirectly, as an illustration of the difficulty of accounting for extreme mental phenomena with relatively minor physical changes. The enormity of such mental phenomena, as opposed to the triviality of the pathological phenomena associated with them, seems to refute any simple materialism:

> When we become aware of the fact, that the most intense or aggravated forms of mental alienation may be found associated with but few trivial pathological departures from normal condition, may we not be tempted to believe that insanity is not exclusively the product of mere material factors? (1-2)

The power of entirely `structural' explanation is further undercut by the fact that some many suffer the `structural' abnormality -- `cerebral lesion' (2) -- and still enjoy `unbroken mental integrity' (2).

In `On Paresis'[31] Workman wishes to dispense with the term `General Paralysis' for a disease which does not involve genuine paralysis until its very final stages (358). He describes with considerable dramatic flair how, in its early stages what he calls Paresis is marked by symptoms radically different from its end:

> The budding subject of our so called general Paralysis is the very antithesis of a paralytic. He is all life, all energy, all self-assurance, all speculativeness, all fearlessness,

> and all hopefulness. He feels stronger, more healthful, more youthful, than he ever before felt. (357)

Workman obviously savours the discrepancy between the patient's appearance of health and the reality; he delights in the sheer drama of the disease, the degree of the contrast between appearance and reality and the height of the fall of the victim, the irony of public misapprehension and ignorance, the mystery of professional wisdom:

> it will be found of frequent obtainance, that paretics have been men of unusual mental force and grasp. Some of them may have made achievements that have astonished their quiet, cautious, neighbours; but this astonishment has finally been eclipsed by one far stranger, and far sadder. I feel sure that there is not one who now hears me, (but more especially not one of maturer years), who has not witnessed mental dethronements of the sad character here alluded to. (358)

More precisely, he relishes his privileged ability to see it when the patient's `family and friends, and not seldom his medical adviser, share in the delusion' (357). Paresis occasions a triumph of medical lore and experience over the deceptive charms of youth if not youth itself, gratifying to the older physician who remarks like a baleful epicure the `dozens of such athletes' that have been sent to him, `ticketed as most promising cases' (357), but marked by him for something else. Workman puts his faith in his diagnosis, specifically in the diagnostic power of his own `practised eye' (`Notes Illustrative', 9) and even ear. For as muscular impairment `becomes more extended and more apparent' (report for 1859, 18), even an experienced `ear' can identify a paralytic patient just by the sound of his uneven tread: `The very sound of the foot on the floor is characteristic' (18). Workman speaks of a way of seeing, cultivated by training and experience, that enables him to penetrate appearances of life and health to a reality of disease and death. As if with the mythical `X-Ray' he dissolves the general paralytic's characteristically cheerful plumpness to a cynical Death's Head whose processes he unravels a posteriori in the mortuary. His very gaze seems deadly; if not exactly lethal in itself, it marks the living for a death it exposes as its vindication and triumph and subsequently its entertainment and reward. Through his musings and broodings what sharply emerges is the pattern: the arrival, the deceptive appearance or even apparent improvement, the gaze, the aggravation of the condition, death, and a few hours later the autopsy.

In the second part of his essay (in The Canada Lancet 11.1 (1878): 1-5), Workman attempts to define the disease still further. It is painless, or at least without `head-pain' (1), mainly afflicts men, and advances -- or rather has been thought to advance -- in three stages:

> It has been usual to speak of the first stage as that of incubation; of the second, as that of full development, or pronounced maniacal disorder; and of the third as that of established dementia, with unequivocal subversion of both bodily and mental competency. (2)

He extracts the most melodramatic elements from the situation, as he describes the patient's `weeping friends', after reason `no longer holds sway', forced to `submit' him to the `extrinsic control' of the asylum (2). The tableau seems to be almost a part of the disease, another symptom at the end of the first stage.

Usually the first physical manifestation, which would mark the beginning of the second stage, is `that peculiar blunting of speech articulation, or tongue-lameness, which so closely resembles the thickened utterance of drunk persons' (3). Other symptoms include `a paretic irregularity in the gait' (3), and the third a keen appetite, than which `no symptom is more significant' (3). This might alone have led to some diagnostic confusion, suggests this Irish doctor, because of the normal voracity of English eaters.

Workman illustrates the final stage with the case of one Sam Alderdice, formerly an expert hunter, whose only word for food was `duck', his `gastronomic beau-ideal' (3). He is Thomas Moore's `"vase in which roses has once been distilled"' (3-4), broken but dignified somewhat by some vestigial capacity for what it once held more of whole. Ever the moralist and social critic, Workman cannot forbear drawing the obvious moral:

> The mind that gathers and skilfully distils the roses blooming on life's pathway, may, even when shattered by disease, give out fragrant perfumes, whilst that which has become saturated with the fetid emanations of poisonous weeds, must disgust, or corrupt, all that approach it. (4)

Like most of Workman's patients, the paretic has his special place in the physical arrangements of the asylum. He becomes the `greeter' of the institution as, in his extroversion, he publicly welcomes visiting journalists, whom Workman characterizes, incidentally, as `second class novelists, and newspaper twaddlers' (report for 1859, 19); he should have known, having been one himself. Consequently paresis becomes the most public form of madness, as journalists make him `the hero of their insane caricatures' (19). However, Workman cannot forebear reminding us, visitors are `astonished' to learn that their greeter will soon be afflicted with `the most abject bodily and mental prostration' (20).

Religious Insanity: Man-Made Plagues

In the report for 1859, after analyzing cases by kind (suicidal cases: 21; religious delusion: 24; hereditary taint: 18; General paralysis 5; epilepsy: 4), Workman focuses on `religious delusion'. He argues that it should be further broken down into "physical religious excitement' and `reasoning mania', the latter being on the rise. It especially afflicts people suffering from the delusion of having committed

`the unpardonable sin' (13) and who believe themselves to be damned. `Reasoning mania' appears to derive from Esquirol; Workman suggests that some varieties of `Religious Madness' are just specific kinds of the `Moral Insanity' discussed above.

It is impossible to reassure patients with `Reasoning Madness' by reason, because they have already reasoned too much, and can refute any arguments made to dissuade them from reasoning more. The Asylum then becomes important as the only place where they can really get any rest -- they need the `mental vacuity of a mad-house' (14), as Workman puts it. According to Workman the madness of the other patients is virtually therapeutic for these `reasoning maniacs', since it precludes the latter from engaging in arguments, and also illustrates as in a mirror, and more convincingly than any reasoning could, their own deludedness.

In the same report Workman discusses under `religious excitement' the case of a woman who had been committed once before, in 1857, when her `noisy, obscene, profane, indecent, quarrelsome, destructive and restless' behaviour (25) was attributed to malaria. Since the woman's symptoms are the same on the second occasion, Workman concludes that the true `exciting cause' of her madness was not religious excitement, but malarial infection. Already in a `disturbed mental condition' because of her illness, the woman was driven mad by `religious uproar'. Workman suggests that in many cases of alleged `religious excitement', such excitement was an essentially accidental cause of a condition to which the patient was already prone by other factors; something else might easily have had the same effect. In the second case of a man of sixty-one `religious excitement' causes mental disturbance but not insanity. Disturbed by attending `religious excitement meetings', the patient is `bled, blistered, and purged' (26) by two doctors, becomes `incurably mad', and dies. Workman suggests that while the patient might have `appeared insane' (26), he was in fact reacting rationally to the situation; the preacher who upset him so much, and the doctors who failed to consider the reasons for his behaviour, and who drove him permanently mad with their brutal treatment and eventually killed him, are themselves irrational.

Only the last case of a `boy' of 19 appears to be mainly the result of `religious excitement'. The young man believes that he has committed the `unpardonable sin' (26). Convinced that the `beast of the bottomless pit' lodges in his head, he picks at his skin till he creates a `deep sore' in his forehead. Yet even here Workman implies that the boy's delusion might be the result of something else, perhaps the deprivation of this boy's life on a Canadian bush farm, his principal entertainment being the Bible and `such religious books as he could obtain' (26). It is the greatest implicit criticism of recent treatment, that the most positive factor in his recovery is being a patient too late in history to be subjected to it.

In `Insanity of the Religious-Emotional Type, and its Occasional Physical Relations',[32] `Religious-Emotional Insanity' is classed among those forms of madness, such as `Puerperal Madness', whose characteristic `moral contrasts, or utter reversals of conduct and character' (33) impress the `uninitiated observer' (33). Workman seems quite impressed himself, as he describes the `dethronement' (33) of morality in `Puerperal Madness', and the afflicted patient's sudden expression of `foreign' ideas in an `alien' language.[33]

Workman himself feels `constrained' to regard such outbursts as `the product of morbid extemporization' (33), if only out of distaste for regarding such phenomena `moralistically', or from `a mere metaphysical stand-point', as expressions of `latent depravity' (33). He luridly over-writes, to characterize this `demonic' position as itself a lurid fiction, as he describes how, according to its partisans, latent depravity `finding now an opportune occasion for its evincement, throws aside the fetters of conventional restraint, and stalks forth as the undissembling exponent of a corrupt and sinful heart' (33-4). However, the `reasonableness' of his own position is expressed in language scarcely less metaphorical, not without its own value-laden metaphors, distracting analogies, and indeed `metaphysics':

> the medical observer who has well studied the wondrous fabric of our organization, and the functions of its various parts, and who recognises the wisely ordained inter-relations subsisting between mind and its confederated corporeal dependencies, interprets the language of insanity, whether of the puerperal, or any other form, in accordance with a widely different canon. (34)

The relationship of the mind to the various physical or physiological components of the body as that of a federal power to dependent states or provinces is obviously one of Dr Workman's favourite analogies, perhaps his favourite topos of the 1860s. Its physiological tenor seems consistent with his next assertion that religious insanity is really due to the disorder of a `special organ' in a `morbid condition' (34). To effect a cure, all one has to do is remove the morbidity.

The reversion to obscenity which is characteristic of `Puerperal Madness' becomes radically more problematic when it is associated with religion. Workman's implicit point seems to be that, given the association of such outbursts with demonic possession in non-religious madness, the association in religious forms should be at once stronger and more problematic.

Through such euphemisms as `the inexperienced' and `the uninitiated' it is apparent that what Workman really fears is much less the attitude of colleagues than the attitude of `the public' who cannot easily accept that `assiduous readers of the Bible and good books, are, nevertheless, at times addicted to the use of very profane, or obscene language' (34-5). For Workman insanity, or at least its `religious-emotional' form, seems to effect a kind of reversal in those it affects, transforming pre-existing traits into their exact opposites, `fervent prayer, or tranquil expression of pious thoughts, to the utterance of horrifying imprecations, or ribald blasphemy' (35).

The case of a woman of `excellent religious character', but who was nevertheless afflicted with such `paroxysms', illustrates such a transformation. Her appearing to suffer as well from a diseased uterus, facilitates a transition to topic of the connection between `religious melancholy and abnormal condition of the generative organs' (35). Finally sexuality is added to an already volatile mixture of religion and seemingly demonic possession.

Workman and his colleagues have evidently had to address precisely this combination in female patients; in such cases the doctor risked becoming himself a sexual component of the delusions:

> For my own part, I have long since learned to be very shy of every female patient in whose case marked religious emotional manifestations have been presented. I have known some very unpleasant mistakes made in private practice, from inadvertency in this direction. (36)

He recounts the case of a woman with uterine trouble and a disposition to religious madness, who falls in love with her physician after a few examinations. Workman considers the latter partly responsible, for not having kept his visits `short and unfrequent as possible'. After the physician severs his relationship with the afflicted woman, Dr Workman dismisses her as insane, but her friends believe she is suffering from 'disappointed affection' and blame his colleague.

One of his own patients, admitted into the asylum in 1860, `aged 39, of very delicate structure, the mother of four children' (37), and a constant reader of religious books, desired to `prolong conversation'. He recalls how she ran away from home and was later found with her youngest child, in the church to which she belonged. She improves after four months when she is brought home by her husband; two years later her condition deteriorates again and she is brought back to the asylum, with the same symptoms only much worse than before. Dr Workman somewhat delicately notes the `somatic movements' of `uterine trouble': `It is not necessary before an audience familiar with such occurrences, to enter into painful details' (37). The subsequent autopsy confirms that the `primary seat' of the disease was the uterus and ovaries; the woman's regular doctor confirms that `he had found the erotic tendency a serious difficulty to deal with' (38). Workman seems to have discouraged what appear to have been the woman's sexual advances, first by not allowing her to prolong her conversations, and second by preserving a `duly cool demeanour towards her' (37).

Workman's thesis is finally stated in a rhetorical question: `Does a rational psychology forbid belief in the conjuncture of emotional-religious insanity, and a disturbed condition of the sexual economy?' (40). Yet the way Workman phrases his thesis seems deliberately misleading, since the real question must be not whether the implications of these cases are compatible with science, but whether they are compatible with religion or at least contemporary notions of it. The later rephrasing of the question belies what it is that Workman really doubts: `Is the idea opposed to the revelations of Physiology, or Pathology?' (40). Workman's idea is more emphatically opposed to the `revelations' of religion, as he accounts for `religious insanity' in such a way that it could be taken for religion itself, essentially because he never clarifies precisely where religious behaviour ends and religious insanity begins.[34]

The idea of there being any connection at all seems rooted in the notion that the relationship of mind and body is, at least when working well, a `continually perfecting process' (40). Workman cites authorities on `Psycho-somatics' like Professor Lazarus, and `the late lamented Griesenger' (40). But he seems to anticipate some sort of clash with religious authority when, even as he encourages colleagues to

persevere at `Psycho-somatics', he warns them to `shut out all other considerations than our unwavering allegiance to truth' (41). Those `other considerations' must have been considerable.

Otherwise, he would not have found it necessary to conclude by arguing that, provided of course that some sort of `psycho-somatic' connection really exists, its religious/sexual corollary actually indicates `divine forethought' (41). Some sort of connection between man's religious capacity and his `procreative organization' (41) is precisely what separates him from beasts. Normally such a connection serves as an invisible control; however, `under changed conditions' (42), the religious connection becomes only too obvious. Thus Workman defends the connection between religion and sexual disorder, on the grounds that it is an aberration of a connection that is always present but usually, because of its benignancy, unnoticed. This is perfectly consistent with Workman's thesis, expressed earlier in the same article, that `the vices of humanity seem to be but perverted, or badly educated virtues' (35).

Delineating relationships among such volatile factors as religion, sexuality, and madness, enables Workman to define his own role all the more heroically. The controversial nature of his subject entitles him to the same vatic and prophetic stance he adopted to speak out against masturbation. This is subsequently reinforced by his application to himself of terms like `initiate' implying a special knowledge or mystical or religious lore. Terms with strong scriptural and religious connotations like `wondrous fabric' or `wisely ordained inter-relations' are applied to his subject but redound to himself, the `medical observer' as pious exegete of a quasi-biblical `language of insanity'. He does much more than simply read these `wisely ordained inter-relations' where they are obvious, but actually re-asserts them where they have been forgotten, in the very connections between sexuality and religion that religious people themselves find so disturbing. Thus he seems to supplant his opposition.

Finally Workman seems to make some rather self-critical connections between the history of religious madness and the history of his own profession and development. On the one hand such connections are self-critical; on the other, they are extremely self-interested and sometimes rather flattering. His assimilation of the history of religious madness into the history of emerging psychiatry suggests that the latter is now the sane religion.

In `Demonomania and Witchcraft',[35]he sees himself and his professional colleagues as at once similar to, yet distinguished from the `superstitious persecutors' of the past: `We protect, and house, and feed, and clothe, and soothe the poor witches, --yea, and by these simple means, do we not expel the Devil out of a great many? We do!' (17). It is probably no coincidence that the perfervid language specifically defends the `moral therapy' which was increasingly seen to be ineffective. Workman again seems to make a comparison only to highlight a favourable contrast when he identifies the present Asylum population in Britain (70,000 at time of writing) with the same number of alleged witches burnt to death over a 70 year period. Earlier at least half that number would have been murdered as witches. Historically then the Asylum seems to stand between its inmates and the stake. Even if (Workman seems to suggest) some of its mad are no madder than those witches were witches, asylum is better than burning.

In the same article Workman employs the analogies of the phoenix (mythically renewed by what should destroy it) and the hunted fox (apparently multiplied by what should eradicate it), for the proliferation of witches despite or because of all the ostensible efforts to eradicate them. Such analogies illustrate something like the complicity between disease and self-interest remarked throughout this paper: the strange cooperation if not collusion, and near similarity of ostensible opposites, ostensible foes. Such `lunatic' histories comprise Workman's history of early psychiatry, as he does ours:

> Would that we could erase from our history the entire record! but we cannot; perhaps it is best so, for who can say how nearly now we approach the domain of mental darkness, and puerile credulity? (11)[36]

Other Constructions: A Deteriorating Reality

In his Report for 1867 Workman relates the completion of the new Hospitals. Emphasizing their "ventilation, genial warmth, and general comfort" (1867, 40), he insists, in a way that foreshadows his later semantic scruples over the word "Asylum," that they are less "Hospitals" than "Homes":

> cheerful Homes, in which the health of the feeble, who require particular care, may be improved, or upheld, and the susceptible minds of the gentle and quiet may escape that disturbance and irritation which, in the Chief Asylum, can not be averted. (1867, 40)

If a technical term like "ventilation" seems slightly incongruous among Workman's "homy" attributes, the "Hospitals" had a practical therapeutic purpose too, the control of Workman's ever-dreaded epidemic disease, in the event of which Workman was confident that his "Homes" would prove "highly serviceable" (1867, 40). Ironically, the first occupant of the Western Hospital, intended for males, was neither a man nor a patient but a nurse "who had contracted scarlet fever" (1867, 40).

If these Hospitals were "home-like," the main building appears to have been a rather chaotic place. Workman's concern that "had the girl remained in the crowded ward to which she belonged, not only would her own life have been imperiled, but in all probability the disease would have spread through the house" (1867, 40), raises some interesting questions about the welfare of patients:

> The improvement in her condition, which became obvious almost immediately after her removal to the Hospital, sufficiently demonstrated the sanatory qualities of the house; and the fact that not another case of the disease occurred, proved the great value of this means of isolation. (1867, 40).

Nurses ought not to improve so dramatically immediately upon removal from their own wards. Workman seems either strangely obtuse to the implications for his institution, or too jaded to the reality to notice.

Troping the Asylum

After expressing his intention to present his new Hospitals (or "Homes") in "ornamental surroundings of shrubberies, flowers, and pleasant walks ... not unworthy the respect and imitation of other countries," consistent with his "earnest purpose to elevate the character of the Toronto Asylum" (1867, 40), he indulges his passion for lowly and unaesthetic matters of plumbing, heating, and ventilation. The ventilation of the "water-closets" is his peculiar hobby, mainly because he has invented his own system of it, "at once the cheapest, the simplest, and the most efficient in existence" (1867, 41). He describes it in detail:

> the insertion of a three-inch lead, or galvanised iron, air-tight tube, into the soil-pipe, below the pan, and three or four inches above the surface of the water in the goose-neck trap. This air-pipe is carried to the nearest chimney with good and constant draft. (1867, 41)

The beauty of his invention is that it effectively "converts the water-closet pan into a quasi tobacco-pipe bowl" (1867, 41). However, it will never be widely adopted, he cynically admits, "unless by persons of common sense; therefore its extension will not be very rapid" (1867, 41).

He discusses the new Griffith's Ventilators almost as circumstantially, complaining that in calm weather their heavy blades are "utterly useless, or a little worse," and in stormy weather a source of "internal congelation and increased consumption of fuel" (1867, 42). He concludes this section on the Hospitals with another detail of ornamentation, itself rather "ornamental":

> In the upper iron sash of each window is a hinged pane, with a proper fastener, to admit fresh air when wanted. The lower sash is of wood, and is hung with weights. It is easily raised. An ornamental iron guard is placed before it. (1867, 42)

Workman dramatizes himself writing the Report for 1870 as if right "in the midst of a heavy wind and rain storm" (1870, 20), listening to the noise of these recently purchased "Griffiths ventilators" over the "hubbub" of the disturbed patients. The Asylum must sometimes have been a very disturbing place. As such it serves as a foil for Workman himself, its sane centre.

In this and subsequent reports Workman discusses another long-standing obsession, the construction of the Wings, interrupted in the summer "for want of funds" (1867, 48). Each wing will consist of 72 separate apartments measuring 12 by 6 feet, and a dormitory for 18 patients. With the Wings and the two Hospitals, the Asylum will acquire additional accommodation for from 230 to 240 patients, for a total of 650 to 700 patients. The East Wing is expected to be entirely covered by November of 1868. Carpentry will be completed over the winter, with plastering finished "early in the season," making the building ready for occupation by late November of 1869. The brick-work of the first story of the West Wing is nearly completed, and it will be ready for occupation by 1870. At the same time two of the East Wing's

wards will immediately be filled with patients from the University Branch, to be closed after 13 years of opertion; a remaining ward "[will] be fitted up for a higher class of paying patients than we have hitherto been able to accommodate" (1869, 11). Inspector Langmuir describes the incoming patients as "all hopeless incurables" (1869, 4-5). Opening a new wing, but closing a Branch and establishing a "high-class" paying ward, leaves the Asylum with fewer new places for free patients.[37]

Workman chooses to emphasize the positive aspects of these "accommodations," stressing that at least for these 24 "higher class of paying patients" there are separate "one-bedded" rooms, "handsome" parlours, and a "capacious" dining room (1869, 11). The main corridor is an impressive 100 feet long, with transepts half that length, and the verandas at the south end of the corridor "afford the finest prospect to be had anywhere in this locality" (1869, 11). He concludes with complacent conviction: "I do not believe that in any Asylum in America, a more cheerful residence is afforded" (1869, 11). The prospect could not have been so good for long however, since by 1870 Workman is complaining in typically splenetic style about its occlusion by "that horrible conglomeration of ugliness in the south, yclept the `Crystal Palace!' and its tag-rag congregation of stables, cowsheds, pig-pens, and other deformities, that would disgrace any town other than muddy York" (1870, 17). Elsewhere he describes the case of a `pretender' who was `better pleased with Asylum lodgment and diet than with hard work at home', perhaps because it suggests that life inside the Asylum was better than life outside it -- the kind of reversal he relished. Workman asserts that `he was one of a class which is rather more numerous than it should be' (1867, 46). Perhaps one was too many. It is hard to believe, from the following, that anyone could really have made it his ambition `to eat the bread, and to occupy the bed, which should be bestowed on the truly afflicted' (1867, 46). Or perhaps the man really was mad.

Indeed, portions of Workman's Annual Reports read rather like advertisements in a catalogue competing for `lunatic' business, as when he insists that the insane in Ontario are `more amply and promptly ... proportionately more largely and comfortably' treated than in any `State in the American Union ... [or] country in Europe' (1871, 20). But he concludes even such panegyrics on a baleful note, complaining sourly about the `quality of cases coming in', regretting the absence of `vacancies from discharges', and remarking the continuity of the narrow Asylum beds with `their last narrow beds' (1871, 20). His comparison implies, in a form less intended to move people to action than his earlier rhetoric, some connection between his `no vacancies' and something like premature burial. One knows from reading his earlier work that governmental and bureaucratic policies are responsible for a condition to which his figure of speech now lends an air of inevitability and defeat.

Increasingly something of what must have been the real character of the Asylum emerges "between the lines" of otherwise laudatory reports. These often appear in the form of contrasts the negativity of which is overlooked for some other point which Workman wishes to make, or as observations which accidentally suggest a context besides the one they were meant to describe.

Thus in the Report for 1869, indicating an almost incredible thoroughness, Langmuir claims that he "saw every patient in the Asylum, and entered into conversation with many of them" (1869, 3). Except for an unspecified number of exceptions, mainly women, the patients are generally "quiet and tranquil" (3). For some reason a number of patients are noticeably happier than they were for his last visit. Approving the "personal cleanliness" of the inmates, he nevertheless regrets their "prison like" attire. He observes that in the "orderly wards" meals are served in orderly fashion, but still expresses his offense at some particularly glaring examples of "disorderly" behaviour, and his general impression that "a better classification" would be "very desirable" (1869, 3). Passing through the wards "at night after the inmates [have] retired" (1869, 4), Langmuir appreciates the "good" ventilation (1869, 4) of all but one of the wards.

Throughout the rest of the same Report, Workman glances at "the reports of the English Commissioners in lunacy" (1869, 14). He seems especially, and perhaps rather defensively, irritated by an idealism which he now considers to be arbitrary, inadequately empirical, uncompromisingly deductive. Their uncompromising principles have more to do with past practices, than practices intended to improve the conditions of patients. While admitting that "no less than 12 in our 26 deaths this year have resulted from pulmonary consumption, of which only 3 were of the manifest, whilst 9 were of the latent form" (1869, 13), he defends himself against the criticism of an unnamed English writer, that "our hygienic condition must be bad in order to produce so high a proportion of deaths from consumption" (13). He angrily asserts that if English post mortem research were as thorough as his, "their proportion will not be found less than ours" (13). He observes that, since the average English mortality rate is twice his, it would be very surprising if a large proportion of those deaths were not due to consumption as well as general paresis, at least among women. From January 1, 1865 till the time of writing (October, 1869) the death rate from consumption has been 15 men and 34 women out of a total of 121, or about 40%. Finally, rather than speculate, he urges his English reader to "[o]pen the thorax after death and see" (13), perhaps as good a way as any for a doctor to tell a doctor to go to hell.

He is similarly sensitive about the issue of non-restraint:

> despite of all the boasted superiority of English over American Asylums, with regard to the system of non-restraint, it does not seem to have any influence in the prolongation of life; neither have the American Asylums, in their proportion of recoveries anything for which to blush in the comparison. (1869, 13).

He compares the attitude of English doctors to restraint to that of temperance workers to alcohol. Total abstinence makes a certain psychological sense as a form of expiation for past offenses, but is not always beneficial; alcohol sometimes is.

Workman argues for allowing more patients to be "in bed," or at least for not making such a virtue of their not being "in bed" during inspections. First, such an attitude is based on a false premise, that the proportion of patients not "in bed" at a given time really is "the crucial test of a high standard of general health, and of successful medical administration" (14). Such a proportion has little to do with the condition of patients, unless perhaps to distract people's attention from how bad it is: "a parading of the

fewness of daylight bed-keepers in the face of an average mortality of 10 per cent" (14). With Swiftian irony, indignant at its very necessity, Workman suggests that psychiatrists undertake "a thorough discussion" of granting patients "the privilege of lying down .... one of the most valuable therapeutic agencies at the command of Asylum physicians" (1869, 14). Curiously, in his portion of the Report for 1871, Inspector Langmuir insists on counting the number of patients in bed, a practice which must have annoyed Workman to no end. Such comments reinforce the hypothesis that Workman resigned in 1875 over friction between himself and his Inspector.

Precisely what kind of order prevailed at the Provincial Lunatic Asylum is a persistent question. In the Report for 1871, Inspector Langmuir complains about patients crowding and even huddling in their wards, because intimidated by the "spacious" corridors. Their size and the building's much-vaunted ventilation does not prevent the air from being "a good deal vitiated" (1871, 3). The practice would be "suggestive" of "too cold an atmosphere" in the corridors, if patients did not huddle there year-round. He admits that the corridors are somewhat forbidding because of their vast size, and emptiness; they could use some furniture, maybe a few chairs would be a good idea "at intervals along the walls" (1871, 3). As for other furniture, Langmuir reports that the "straw beds, on the male side, were very hard from over stuffing" (1871, 4). Epileptic patients slept on the floor, rather than risk falling out of bed. This must have been cold as well as uncomfortable, considering that it was still September and the "extra winter blankets" (1871, 4) had not yet been distributed.

The province desperately needed a system of `secondary asylums' for the chronic insane, as Workman originally proposed in his Report for 1865:[38]

> six secondary asylums [for each union of counties representing 250,000 inhabitants], each to be capable of lodging comfortably at first, 200 patients, and of enlargement to the extent of lodging 400. (16)

The asylums at Toronto and Kingston, and the one to be constructed in London, would subsequently become `primary' institutions, devoted entirely to curable patients. But there has been too much speculation, too little action, despite an ever-growing mad population: `sic itur ad astra', Workman balefully puns, `so we go to the stars, but alas, our insane, meantime to the stripes' (1868, 16).

Workman indicates a three-fold increase in the number of insane people in Ontario asylums and gaols since he became Medical Superintendent in 1853. With a combined population in the asylums at Kingston, Malden, Orillia, and the University of slightly more than 1,000, and a total provincial population of 1,500,000, the "lunatic" population appears to have increased by 200 per cent, compared to only 50 per cent for the rest of the population. However Workman refuses to believe that in the last fifteen years insanity has increased four times ahead of the population; instead, accommodation of the insane reflects the capacity of the state to accommodate them, not their proportion of the general population: "the more ample the provision made for this class of our afflicted fellow-beings in any country, the larger will appear the number requiring it" (1868, 14). For proof Workman points out that communities close to asylums

always send in more mad people than remote ones. One might wonder whether Workman is addressing a problem of physical accommodation or one of attitude, whether he believed that society could never possibly accommodate all its mad, or that society would always feel that, however many "mad" people it confined, there were always more at large. At the very least he seems to appreciate that to some degree the "mad" designation was a relative one, contingent on non-physiological factors. Finally he asserts that "all we require to do to ascertain that insanity is more prevalent than at present it appears to be, is to build more asylums for its victims" (14). Incidentally, and perhaps unwittingly, he exposes the potentially self-interested circularity of the Asylum movement, for which he was generally a spokesman and exponent. This brings him "dangerously" close to Andrew Scull's hypothesis that merely by virtue of existing, Asylums actually reduced the level of tolerance in the communities they served: "If the availability of institutions is in fact productive of decreased tolerance, then expansion of the asylum system should always produce increased numbers of crazy people" (240).[39]

By 1870 his plans to address this crisis of accommodation have been met with silence from `the fountain of all public wisdom, and the Hercules of all public reform' (1870, 16)[40] -- an especially bitter remark from Workman, himself an old newspaper man and skilful manipulator of public texts. From Workman such a remark seem tantamount to apostasy. Workman's insistent complaint is that the public take no real interest in his Asylum or the well-being of its inmates. He has had to listen too long to their enthusing over the great size of the painfully crowded building (`of such size [to] ... lodge all the lunatics in the Dominion' (20)), without their bothering to determine how many lunatics there were, or whether `the inmates sleep one in a bed, or five, or whether the sitting-rooms, dining rooms and corridors are not all filled at night with beds' (1869, 20). Of course, no one consistently took such delight in broadcasting the dimensions of his building as Workman himself, so his revulsion is a measure of his disillusionment. One might also suppose that he is irked by the possibility that such rhapsodies are really veiled criticisms of the enormous public expenditure that failed to produce a cure. They probably conveyed all kinds of irony to him, even when none was intended. Toward the end of his career Workman seems to have missed as much as he got. In his report for 1869 his attempt to present insanity as a lesson in human frailty backfires, from the failure to take his own into account:

> How instructive and humbling the thought, that functional or structural changes in our organization, often so trivial as to be untraceable, may determine the entire difference between the philosopher and the madman, the pious saint and the reprobate blasphemer, the dutiful loving son and the parricide, the chaste matron and the grossly obscene puerperal maniac. (1869, 19-20)

Yet his juxtapositions seem to raise the possibility of madness only by removing it from social discourse; its possibility is essentially the possibility of isolation and stigmatization. Visitors fail to get the point, insanity being to them little more than `a vulgar accident from which they are sure of exemption' (1869, 20). Flattering themselves that they are invulnerable to madness, they are the most likely to go mad, if

they are not mad already: `God help them! Danger is ever most imminent on our blind side. None are so likely yet to be Asylum inmates as those who flatter themselves they never can become such' (1869, 20).

Workman's argument appears to be based on the assumption that sanity is ultimately possible, at the same time the starkness of the oppositions makes it appear difficult to maintain. Not many of us can be philosphers, saints, and "dutiful loving" children. That aside, the intensity of his opposition between `sane' and `insane' actually subverts the ostenisble object of his argument, to make us -- the public -- more humble and accepting of the "insane." Finally, if the effect of his argument is supposed to be greater humility and tolerance, it has evidently failed to work on himself, as he celebrates the same kind of complacent moral victory over his public that he alleges they celebrate over the mad -- unwittingly confirming the last part of his argument by demonstrating a few blind-spots of his own. That he cannot see them suggests that his discourse really has become a monologue.

These final reports dramatize Workman's increasing exasperation not only with the conditions at his Asylum but also with the public, and the public discourse that seems unable to redress them -- as illustrated by his own public discourse, with its tendency to reproduce the very attitudes and errors it decries. He appears, by his own rhetoric, to have written himself into a corner, to have made himself the spokesman for a public with which he would rather not agree.

Perhaps he has also become a bit absurd. He preserves in his Diary a clipping from the Globe of December 12, 1874, a rather nasty critique of his rhetoric in annual reports like the ones we have just discussed. The critic argues that even if Workman were witty, the display of wit in an annual report would be an `impertinence': `in an official document it would be better to curb his fancy'. The journalist and rhetorician who sought to effect real changes in his society is accused of a species of literary narcissism, and of aestheticizing the illnesses of his patients (ie., `It is perhaps clever to personify in a report the delusion of a patient, and to speak of him giving up `his naughty tricks' is more picturesque than to say that with recovered health the delusion vanished; but the cleverness and picturesqueness would be, even if of a higher order, impertinence in a report'). The critic unkindly suggests that Workman might himself be mad. Workman's silence now seems as eloquent as anything he wrote.

3 MARY'S "CONDITION": A RHETORIC OF MEDICAL ETHICS IN 19-TH CENTURY HOGTOWN

The Inquest of Mary Boyd, written and published by Dr. Duncan Campell in Toronto in 1868, addresses the circumstances surrounding the horrific death of Mary Boyd, a nineteen year old Irish servant-girl who had gone to work for the Campbell family in January of 1867. Since the texts and the following commentary are primarily concerned with the implications of the circumstances, the circumstances themselves might be stated immediately without detracting anything from their horror.

The first indication of there being anything the matter in the Campbell household is Mary's confession to Mrs. Campbell on April 17, 1868. She claims to be in love with her son Poole. On April 27, a Monday, Mary attempts suicide by flinging herself into the cistern. Later that day Dr. Campbell examines her, assisted by Drs. Hall[41] and Adams. They decide that she should be committed to the Provincial Lunatic Asylum, the precursor of the present institution on Queen Street West.

On Wednesay, April 29, sitting on her trunk awaiting the carriage to take her away, Mary calmly begins to cut her throat with a paring knife. Mrs. Campbell interrupts her just in time. Dr. Campbell stitches her throat, assisted by Dr. Lizars, a neighbour. Later that evening, Dr. Campbell and his son Poole take Mary in a carriage to the Asylum where she is received by Dr. Joseph Workman, the country's most famous alienist. Campbell informs Workman that Mary is suffering from religious madness compounded by erotomania and the delusion of having had sexual intercourse with his son. Mary dies from the affects of her wound on Tuesday, May 5, 1868. The inquest is held on May 5 and 6, and an incomplete report of it is published in the Toronto Daily Telegraph on Saturday, May 9, 1868. Dr. Campbell published an explanatory letter in the same paper on May 13, to which Dr. Workman replies on May 18. These pieces are discussed as they appear in Dr. Campbell's pamphlet, certified on May 30, 1868.

What kind of man was Duncan Campbell, whose servant Mary became in 1867? In a letter dated March 27, 1854, not as a homeopath this time but as a doctor practising in Niagara, Dr. Campbell vigorously opposes a scheme for the incorporation of the medical profession that he feels would benefit Toronto doctors more than "local practitioners."[42] He argues that while everyone agrees that Medical Incorporation is desirable, it is most likely to be obtained through "united action" (363), which in turn will only be achieved through a scheme that benefits everyone equally. Centralization does not.

With the same flair for ventriloquism that he demonstrates in The Mary Boyd Inquest, he imagines local practioners, from Chatham and Bytown respectively, demanding "Of what use will a Museum in Toronto be to me? .... How am I to get books from the Library?" (364). Instead of the present Board, appointed by the Governor, Campbell proposes one "essentially representative" [his emphasis], with the "licensed practitioners" in each district electing a doctor to sit on the Board in Toronto. Campbell's

insistence on a truly "representative" Board seems intended to tweak the old reformer, John Rolph. Campbell casts himself in the role of defender of marginalized interests, a role he was to exploit in the controversy over the Mary Boyd affair.[43]

Incorporation never happens, but in 1859 Parliament passes "An Act Respecting Homeopathy," which make it pssible for homeopaths who are graduates of non-British institutions to obtain a license. Dr. Campell and Dr. Hall, one of the doctors who will sign Mary's "Certificate of Insanity," sit on the first Board of Examiners for Homeopathic physicians. Board Members are elected for a two-year term at an annual meeting in Toronto. The "Act" establishes a curriculum, with two six-month winter sessions at a medical college, and a four-year term of apprenticeship in a licensed practitioner's office. A similar "Act" is passed for eclectics in 1861. Finally, in 1866 one Dr. Parker, a Member of Parliament, introduces an "Act" to establish a province-wide Council for all licensed doctors, which would in turn establish a province-wide curriculum.

Dr. Campbell clashes with this Council, when they refuse to receive him at their first general meeting. He and his homeopathic colleagues walk out of the meeting. On one hand the "Act" of 1866 allows the Homeopathic Board to continue exactly as before; on the other, it gives homeopaths the right to be represented by the Council.[44] The contradiction, which effectively thwarts the purpose of the "Act," to standardize medical education in the province, is resolved by the "Ontario Medical Act" of 1869, a compromise which guarantees homeopaths and eclectics a certain number of seats on a Medical Council which includes regional and college representatives. Mary's "illness," suicide, and inquest occur during the interval between these two "Acts," a period of intense professional rivalry and even jealousy in the medical community, when Campbell would have been quick to defend himself against any threat to his professional powers and prestige.[45]

Initially, in his brief "Preface,"[46] he responds to the incompleteness of the coverage in the Toronto Daily Telegraph of Saturday, May 9, 1868, which he feels "reflected most unjustly and calumniously both upon me and upon my son." He indicates that he has inserted an "explanatory letter" in the May 13 issue, but regrets a limitation of newspaper publishing, its very limited run: "it was soon found impossible to procure a copy of it at any price" (Preface ii). The publication of his pamphlet thus appears to be motivated by a desire to remedy this incomplete coverage, by assembling all kinds of data -- "the evidence in full" (Preface ii) -- for consideration in one place, from a single unified point of view, however briefly -- if not exactly for the gaze, then for the backward glance:

> The garbled report of the evidence given in the Telegraph, very greatly misled the public upon some important points; I have therefore, thought it better that they should see the evidence in full. (Preface ii)

The intelligence that compiles and arranges The Inquest of Mary Boyd, Held at the Provincial Lunatic Asylum, is essentially moribund, removed from the events of the subject's own life, directed at a life that has ended. The distance implies the passage of time, for which lapse the writer, Duncan Campbell, M.D.,[47] apologizes as nothing more than would reasonably be required for assembling the evidence and

preparing it for publication. The time lapse raises questions of motive. Since the events enter the record too late for anything to be done about them or their agents, the motive for presentation must be found in the presentation itself. Perhaps Campbell waits for tempers to cool, as well as bodies.

The Inquest of May 5 and 6, 1868

The evidence assembled in the pamphlet bears the certification of John McNab, Crown Attorney for York County, dated May 30, 1868: "the annexed paper writing contains a true copy of the papers connected with the Inquisition held on the body of Mary Boyd" (iv). It begins with the testimony of Dr. Campbell's wife, Matilda. She states that Mary Boyd had been in her employment since January of 1867, and that Mary had been well -- or at least that she had not observed "anything wrong in her state of mind" -- until two weeks before her removal to the Asylum.

Mary's "illness" first manifests itself in statements expressing religious mania, a fortnight before her attempted suicide:

> From that period she spoke from time to time of Hell, and subjects pertaining thereunto. She was naturally of a religious turn of mind. (iv)

At the same time she indicates that Mary might not have been entirely well even earlier: "her conduct had been strange for a length of time previous to the fortnight above indicated" (iv). Mary had been undergoing the "ministrations" of one Rev. Mr. Caughey. The Rev. Mr. Caughey had convinced Mary that she would be a victim of hell-fire:

> she threw herself into the well in my house on Monday the 27th, in the afternoon; she was rescued by the servant boy hearing the splashing. I saw her immediately after. Upon asking her why she had done this, she said it was better to be drowned than to be burnt. (iv)

Mrs. Campbell testifies that three doctors examined Mary on Monday, April 27 and decided that she should be committed to the Asylum. Mary is about to be removed on Wednesday, April 29, when she tricks Mrs. Campbell into leaving her alone for a moment. She takes a knife and is cutting her throat with it when Mrs. Campbell returns and knocks it out of her hand. In the time it takes Mrs. Campbell to bring her husband from the next room, Mary finds a second knife and resumes cutting her throat. Dr. Campbell and a neighbour, Dr. Lizars, dress the wound. Mary is removed to the Asylum. Mrs. Campbell never sees her again. She states that Mary had no boyfriend, no bad habits, attended the Sunday school at the Presbyterian Church as well as "a night school, Mr. Haskett's on Queen Street, accompanied by some girl" (iv), and that she was nineteen years old when she died. In a strange gloss on the passage Dr. Campbell defensively objects that, in the sentence "on my return I saw her with a knife in her hand and cut her throat with it," the Coroner made it look "as if Mrs. Campbell said that she herself had cut the girl's throat!"

Dr. Campbell confirms his wife's testimony, and elaborates on the two-week period immediately prior to her suicide attempt:

> I had begun to see that she was drifting into insanity; at times she appeared perfectly well, at others talked as no sane person would talk, chiefly about death and hell, and the speedy termination of the world. (iv)

When Mary remarks that "it was better to be dead than alive," Dr. Campbell "apprehends" the possibility of suicide. He calls in Dr. Adams for consultation, and administers calmatives "to soothe the irritability of the mind" (v), but these have no effect. Mary tells Mrs. Campbell something that Mrs. Campbell does not tell the Coroner, perhaps out of modesty: "her female condition was deranged" (vi). Dr. Campbell gives Mary some remedies for this condition -- menstrual difficulty -- after which she appears to improve.

Dr. Campbell describes how he and Dr. Lizars bandaged Mary's wound and brought her to the Asylum, where "but for the attack of bronchitis" (vi), she might have got better. Dr. Campbell continues to see Mary regularly, "with Dr. Workman in my professional capacity," till one o'clock on May 4. He hears of her death from Dr. Workman on the morning of Tuesday, May 5. Dr. Campbell is obviously concerned to clarify what medicine he gave to Mary, for how long and for what reasons:

> I never administered medicine to the deceased for the purpose of regulating her female condition, before the insanity. I am pretty confident she never consulted any medical man except myself, while in my service. (vi)

On the second day of the inquest Dr. Workman states that Mary was admitted to the Provincial Lunatic Asylum on Wednesday, April 29, on the basis of a certificate "signed by three HOMEOPATHIC physicians" (vi), which a footnote glosses as "the clue to the whole persecution that followed" (vi). Dr. Workman adds some interesting details to what we already know about Mary's admission.

Application is made on April 27 by Dr. Campbell's son. Dr. Workman gives him "the usual printed circular of questions, issued to all applicants for admission of lunatics" (vi). Dr. Campbell himself returns the form between 12 and 1 o'clock on April 29. Dr. Workman then gives him a "medical certificate of lunacy" (vi), granting Mary "preferential admission" (vi). He describes Mary's arrival at the Asylum:

> The deceased was brought to the Asylum in the evening in a cab, accompanied by Dr. Campbell and his son. I received her at the front door. She was in the cab, sitting by the side of Dr. Campbell, and leaning her head on his breast. She looked very pale. (vi)

Dr. Workman has Mary carried into a single room and restrains her hands in a leather "muff" (vi). He explains in his deposition that "lunatics who have failed in accomplishing suicide are never to be trusted, as many have been known to tear open the wound after dressing if their hands have been left unrestrained" (vi).[48]

Subsequently Dr. Workman identifies, or at least supposes he identifies, the source of Mary's anxiety:

> I talked soothingly to her, hoping to calm her mind, which I found was fearfully disturbed under the conviction that she was damned, and, as she said, would go into the flames of hell. (vi)

He finds her already suffering from the way Dr. Campbell has restrained her head "by bringing her front hair on each side down to her breast, and passing it through backwards under the arm-pits, the two ends meeting behind being tied" (vi). He then gives Mary some medicine prescribed by Dr. Campbell, although he indicates now that he felt the best course in such circumstances was "to give no medicine but to watch closely until we see what is really called for" (vi). He is later informed by the attendant that Mary refused to take any medicine that prescribed by Dr. Campbell, to whom she indicated a marked aversion. For the time he ignores Mary's complaints, with the implication that he later gave them considerably more weight:

> as I am always very cautious in interpreting the expressions of the insane, I did not attach any importance to those statements. It is very common for insane persons to manifest strong dislike for those whom before their insanity they have liked best.

Nevertheless, he cautiously refuses to let Dr. Campbell see Mary the next day, because of her expressed dislike.

On the night of Thursday, April 30, Dr. Workman finds Mary "restless and much excited in mind" (vi), so prescribes opium. On Friday morning he finds that his brother, Benjamin has been with Mary most of the night, as her condition has worsened and she is having trouble breathing. He believes that "air had entered the cellular tissue beneath the skin" (vii), and sends a note to Dr. Campbell, who arrives between 11 and 12 o'clock, and cuts the suture. While Dr. Workman discovers with his stethoscope that no air is entering the right lung, and attributes this to leakage of blood from the wound, Dr. Campbell attributes it to "inflammatory engorgement," caused or at least aggravated by "the cold, dry air that she was breathing" (vii). She is duly moved to a warmer room, but her condition steadily deteriorates. She dies on the morning of Tuesday, May 5.

Dr. Workman then proceeds to reveal some really surprising information, which he had evidently been saving because of its significance. The immediate cause of Mary's insanity, given by Dr. Campbell and at least initially accepted by Dr. Workman, is a remark in a sermon by the Rev. Mr. Caughey that "he Mr. Caughey saw a young female in the gallery that was going to hell" (vii), and which Mary directly applied to herself. However, Dr. Campbell also indicated to Dr. Workman some physiological problems, in particular "suppression of the menses" (vii). Dr. Campbell explained that he had found a way of restoring Mary's menstruation through "galvanic excitement by means of galvanic apparatus being applied to the mamma or breast ... and the other extremity to the os uteri or mouth of the womb" (vii).[49]

Finally Dr. Workman offers the strongest reason yet for suspicion, with the revelation that Dr. Campbell had also informed him that Mary had been in love with his son, had demanded that he marry

her, and had "stated that his son had sexual intercourse with her in her bed" (viii). Dr. Workman had dismissed the information, at least to Dr. Campbell, as "such a revelation from a person really insane could not, uncorroborated, be regarded as of any value" (viii). Nevertheless the violence of Mary's aversion for Dr. Campbell impresses him, when on Saturday she accuses the latter of having "brought [her] to this" (viii). He hears Dr. Campbell retort "you committed the act yourself" (viii), which he states he "understood to mean the wound in the throat" (viii). While Campbell explains in one of his numerous footnotes that "her articulation of words was so imperfect, from the state of her throat, that almost anything could be made out of the indistinct sounds she uttered" (viii),[50] Dr. Workman implies that she might have meant much more. If it were still unclear what his position was, Dr. Workman dispels any doubts in an aside to a Juror: "Other causes might have caused insanity, but not the religious form under which she was admitted" (viii).

In footnotes to the above passages Dr. Campbell records his objections to the sexual connotations of terms like "excitement" for what he regards as galvanism's "vitalizing influence." The use of such "loaded" terms, with all their sexual connotations, is to him the biased sensationalization, based on misunderstanding, of a valid medical treatment by hostile and recalcitrant professionals "none of whom probably could tell the difference between the action of the positive and negative poles" of the apparatus employed (vii). Dr. Campbell also objects that he never ascribed Mary's madness to religious excitement, but vice versa, and that Dr. Workman has misquoted his original statement, which was that Mary had difficulty at her menstrual periods; he regards the semantic shift from "difficulty" to "suppression," as "all-important in its bearing towards the close" (vii).

The subsequent autopsy reveals, not surprisingly, abnormalities with "the organs of generation":

> highly congested, particularly the left ovary, and the posterior surface of the fundus of the uterus. The uterus was about 3 inches long from its fundus to the edge of the os. Its cavity was normal in dimension and its structure normal. (viii)

More significantly, it indicates "the hymen almost obliterated" (viii). While Drs. Richardson and Berryman testify to the medical impropriety of applying galvanic electricity to reduce congestion, it is obvious that they regard the introduction of any instrument into the vagina of an unmarried woman as highly improper.

Finally, several nurses testify that during their close attendance on Mary, she exhibited no signs of religious excitement but indicated that the source of her illness was Dr. Campbell's son, Posie,[51] to whom "she believed she was in the family way" (ix). To one nurse Mary relates how Dr. Campbell and his son "took her into a room and gave her medicine that burnt the inside out of her" (ix).

The "Incomplete" Article from the "Telegraph" of May 9

Troping the Asylum

Dr. Campbell presents an entire article from the Daily Telegraph, which he finds both biased and incriminating. The article begins by casting some doubt on the alleged cause of Mary's madness:

> Dr. Workman found her fearfully disturbed under the conviction that she was going to the flames of hell. To the nurses, who were constantly with her -- for they never left her for a moment -- she said less of religion and more of the sin of forbidden love, in which she constantly repeated she had indulged with a son of Dr. Campbell. (xi)

The writer reports that "Dr. Campbell admitted to Dr. Workman that, at the commencement of the difficulty, she alleged an illicit connection with his son" (xi), but adds that Dr. Campbell dismissed this statement as "a symptom of insanity" (xi). Dr. Campbell objects in a footnote that he has again been misquoted, that Mary claimed "that she had been violated, but never that she had carried on any `illicit intercourse'" (xi). The allegation of violation must have been easier for Dr. Campbell to dismiss; it would appear to be a more heinous crime, and therefore less likely.

The writer dwells on suppression of the menses, according to Dr. Campbell a false assumption based on Dr. Workman's misrepresentation:

> The ascertained derangement of her female condition might have been a consequence of what she stated to Dr. Campbell regarding his son; and we think the doctor was bound to have regard to this possibility. If such a cause of the irregularity were possible -- and this cannot be denied -- he was not justified in treating it as entitled to no sort of consideration. (xi)

Clearly the writer suspects that the galvanic treatment had been intended to disguise Mary's having had intercourse with Dr. Campbell's son, or to abort Mary's pregnancy. Pregnancy being not "improbable," Dr. Campbell's galvanic treatment "could not be qualified, even by the comparatively mild terms used by Dr. Berryman [ie. "contrary to decency and propriety']" (xi). Dr. Campbell himself asserts that the cause implied is not only improbable but "impossible" -- for reasons which he indicates will be revealed later.

The writer proceeds to find evidence of incompetence, in Dr. Campbell's alleged inability to tell whether Mary's slight improvement preceded or followed his treatment. Dr. Campbell objects that he merely indicated the difficulty of ascertaining whether Mary's improvement was due to his treatment or something else and adds, almost as a rebuke to the whole profession, "Nor should any medical man ever venture to speak more confidently of the result of his remedies" (xi).

What the writer really suspects is that Dr. Campbell did not want to assume responsiblity for "improving" Mary's "female condition," which "in this particular, might have been the worst thing that could happen" (xi). He concludes in a hypothetical syllogism that if Mary's allegations had created any doubt in Dr. Campbell's mind, he would have had a motive for mistreatment. Since by implication some doubt had to have been created, Dr. Campbell had such a motive and so, whether or not he actually performed an abortion, he put himself in a compromising position and is to that extent guilty of malpractice.

The writer of "Facts Respecting her Death and the Inquest held at the Provincial Lunatic Asylum Toronto," probably Dr. Campbell himself, emphasises Mary's alleged religious excitement: "About the middle of April a change was noticed in her demeanour. She became restless and unsettled -- spoke strangely about religious subjects, dwelling with great pertinacity upon something she imagined that the Rev. Mr. Caughey had said to her" (1). The article recounts her first suicide attempt, the consequent preparations to have Mary committed to the Asylum, and her second suicide attempt on Wednesday, April 30. The writer adds some new details to the account, such as the fact that Mary was being watched by members of the family, and slept "in the same room with one of Dr. Campbell's daughters" (2).

The writer graphically describes how Mrs. Campbell finds Mary, on the afternoon of the day she knows she is to go to the Asylum, "sitting on a trunk, nearly undressed, sawing at her throat with an old blunt table-knife without a handle" (2). Mary runs into the kitchen and grabs a sharper knife, with which severs her windpipe. The writer dwells on the way she initially resists attempts to help her, by "trying to tear the wound open with her fingers" (2). The tendency of such description is to heighten our perception of Mary's distress, her "insanity"; it also seems intended to create an impression of solicitude on the part of the Campbells.

Toward the conclusion of the article Dr. Campbell objects to the fact that the testimony of his servant boy and his professional colleagues, Drs. Lizars and Adams (the latter of whom had, with Drs. Campbell and Hall, certified Mary insane) is ignored in favour of that of the nurses at the Asylum. The writer does not object that Dr. Campbell's own servant would scarcely have been a free and impartial witness, that his own colleagues would, for different reasons, have been biased, and that one of these colleagues, as one of the three examiners who certified Mary insane, would virtually have been corroborating his own testimony.

It is not surprising that this writer finds the jury's statement to the Coroner, expressing their sense of Dr. Campbell's "highly improper medical treatment" of Mary, utterly inappropriate. A quotation from the Globe of May 9 indicates that the editors of that paper view the jury's comments as the imprudent and impudent intervention of ignorant laymen into what was essentially a matter of disagreement between professionals, based on differences between rival schools of medicine: "who but a born fool would pronounce an opinion on one medical man, on the faith of statements made by others of a rival school?" (3).

Dr. Campbell's letter to the "Telegraph" of May 13,1868

Dr. Campbell prefaces his letter by expressing one of the great conventions of prefatory writing, the sense of satiety, and that he therefore adds something more only out of a conviction of his good reason: "Enough, and most people will probably think, far more than enough, has already been given to the public on this painful and delicate topic" (4). This reason is not his own reputation, which he scorns to defend from "the criticism of a coroner's jury" (4), but the reputation of his son, "a young man now preparing himself for the medical profession" (4). Not surprisingly, Dr. Campbell immediately indicates his concern

for himself, by objecting to the charge, if not of having performed an abortion, then of having committed what he should have known probably amounted to one: "a farther and most calumnious charge against myself, of having used improper means to bring on menstruation in a case of Amenorrhoea [sic], where you say there was a possibility of pregnancy existing" (4). Dr. Campbell insists that the charge is false, mainly because he had never treated Mary for Amenorrhoea (suppression of the menstrual discharge), but for Dysmemorrhoea (painful or difficult menstruation).

Dr. Campbell's great regret is not having pointed out that difference at the time of the inquest, when Dr. Workman originally misquoted him. His reason for not doing, like some of the preceding defences, invokes his professionalism:

> I conceived that the jury were there to enquire into the cause of the death of the deceased, and nothing else, and that they had no business whatever with the details of her female ailments.

He had not thought it important to make the distinction at the time, because he had not thought it the jury's business.

To the insinuation that the galvanism might have aggravated the religious excitement, he opposes the same fallaciousness of "post hoc" argument that he used before; at the same time, he asserts that the galvanism was "followed by a moderation of the symptoms of Erotomania, but by an apparent increase of the manifestations of the Religious excitement" (5). Dr. Campbell makes a great point of having begun his galvanic treatments after the last regular discharge, as if defending himself against the implication that he might have begun his treatments out of concern for possible impregnation by his son, rather than concern to regulate Mary's periods. As for the autopsy itself, Dr. Campbell argues that the condition of the womb showed "not the slightest indication that pregnancy existed either at the time of her death, or that it eaver had existed at any former period!" (5).

Part of his defence involves introducing the ignorant public, which as he seems now only too late to appreciate, judges him nevertheless and whose favourable judgement he requires, to still further diseases. Thus he somewhat pedantically ascribes Mary's allegation to "Erotomania": "it gives rise to the strangest hallucinations, the unfortunate sufferers will give the most minute and circumstantial details of senses shown by subsequent investigation to have been wholly imaginary!" (5). He adds some details to his wife's version of Mary's story, all of which serve to heighten the impression of its being a fabrication, or a hallucination. Thus Mary never mentions anything about a relationship with Dr. Campbell's soon, till the time of her first suicide attempt, when she relates to Mrs. Campbell "not that she had carried on illicit connection with my son, but that she had been violated by him; moreover, this violation is alleged to have occurred all of a month ago, while Mary was asleep. A few hours later Mary reassures them "that the expected discharge had appeared" (6), and concludes that she must have been mistaken. Mary continues to express intense love for Poole Campbell, even begging Mrs. Campbell to let him marry her; Poole himself, however, remains "perfectly indifferent" to her.

Dr. Campbell thus insists that, between "Erotomania" and religious excitement, Mary Boyd was definitely mad, and points to her later restraint at the Asylum as further proof, inconsistent with the nurses' story of her calmness. While he offers as evidence in his favour, his voluntarily offering Dr. Workman the information about Mary's sexual "hallucinations," her "Erotomania," it would occur to many that such revelations by Dr. Campbell might have been intended to forestall Mary's making them herself and more damagingly. Similarly, Dr. Campbell thinks Dr. Workman should have these nurses punished for encouraging Mary to talk, thereby discouraging her throat from healing; instead, they "worried their unhappy and helpless charge with impertinent questions [he refers us to one Sarah Elliot's evidence as an especially good example] to gratify their prurient curiosity" (7). Dr. Campbell never considers that Mary might have wanted to talk.

Dr. Workman's Reply in the "Telegraph" of May 16, 1868

While he was not present at the post mortem, he assisted at an examination of Mary's "sexual parts." He concludes:

> There was not a particle of doubt in the minds of any of the four of us, that the recognized anatomical evidences of virginity were decidedly absent. (9)

In a footnote Dr. Campbell points out that in their original statement, Dr. Workman's "co-anatomists" add the significant qualification that, while the hymen is nearly obliterated, "we do not think this is an invariable mark of the absence of virginity" (9). The juxtaposed statements are not necessarily opposed however, since while the signs which indicate virginity were absent, the signs which would indicate lack of virginity were not -- strictly speaking -- stated to be present. Dr. Workman only wishes that Dr. Campbell had stated precisely when it was that he examined Mary and found convincing positive proof of her virginity. For his principal point is that, given the suspicions of pregnancy and the absence of such signs of virginity, Dr. Campbell should not have applied galvanic treatments to Mary's womb:

> for any man who would employ galvanic excitement to the uterus of a young woman, of whose pregnancy he had even the shadow of a suspicion, is, in plain language, no other than a criminal abortionist, and should be allotted his proper place in the world, by the side of Notman, and other destroyers of life. (10).

On the basis of what he, Dr. Workman, saw, "any medical man, who, from an inspection of the external parts after death, in this case, would assert that sexual intercourse had never taken place, would be something more, and worse, than an ass" (10).

Dialogue between Dr. Campbell and "Lawyer Blank"

Troping the Asylum

Dr. Campbell dramatizes the visit of a lawyer, one "Mr. Blank" to his house the day after Dr. Workman's letter was published in the Telegraph (May 17). After discussing some medical matters, "Mr. Blank" quizzes Dr. Campbell on his recent troubles with Mary Boyd. Now Dr. Campbell reports "Mr. Blank's" satisfaction with his answers. Just as Dr. Campbell seems to doubt the public's capacity to understand medical matters, he doubts their capacity to understand the law. He invokes the professionalism of law just as he invokes that of medicine, indicating at the same time that he feels has to make some additional effort at persuasion. He follows lawyer Blank's advice to "put the matter before the public," but not before exploiting the mystique of his special expertise.

What Dr. Campbell finally offers is an odd combination of professional closure and (at least apparent) openness, not exactly a public examination, but the now-published and public record of a private one or at least a conversation, a dialogue, in some ways anticipating the "live" interview and at least as contrived. Immediately before proceeding, he again objects to having to discuss such matters in public, not on the grounds of public ignorance but of public decency: "they must not blame me, but rather those who first brought the subject before the general public in your columns" (12).

As events transpire, the Telegraph declines to publish the dialogue on the grounds that it is so much longer than Dr. Workman's original offending letter. Dr. Campbell defends its length on the grounds that "it was a refutation of serious charges, which could not be done in the same number of words as sufficed for the accusation" (12).

In a very stagy, heavy-handed dialogue between himself and a straw man, "Lawyer Blank," Dr. Campbell indicates that before talking to "Lawyer Blank" he had talked to another lawyer who had advised him against legal action. While Dr. Campbell would probably win the verdict in court, this would be a pointless victory; his main concern was for his public reputation. Moreover, the latter would probably be hurt, by an argument necessarily based on medical technicalities which the public would not be able to understand, and whose potential for sensationalization was obvious:

> the general public would never get a clear idea of the matter, and might, perhaps, after a verdict in my favor, say, "O yes! we remember; Dr. Campbell got involved in a lawsuit about some unpleasant case in the Asylum; there were many curious points set up, and the doctors involved the whole in so much mystery with their long words that we really cannot tell exactly how it ended." (13)

The public being Dr. Campbell's principal addressee anyway, instead of addressing them indirectly in a manner bound to fail, the first lawyer suggests that he "write a letter in as plain language as possible, meeting all the charges, or rather insinuations ... and get it published before the subject grows cold" (13). This lawyer notes in passing the significant detail that Dr. Campbell has not been directly charged with anything.

Now "Lawyer Blank" thinks Dr. Campbell might send his letter to the editor of the Telegraph, since "he will readily enough put in anything sensational, as your letter on such a subject is likely to be" (14). "Lawyer Blank" speculates that the real enemy is not the editor of the Telegraph, but Dr. Workman. The

same "straw man" is used to explain that the latter is "[a]n old newspaper man, he delights in strife and party warfare" (14). "Lawyer Blank" adds some other interesting details:

> When editor of a Roman Catholic paper, the Toronto Mirror, he was looked upon as the most bitter and reckless slanderer that ever handled a pen; perfectly unscrupulous, but far too practised and wary a controversialist to make a direct charge when an insinuation would answer his purpose. (14)

Dr. Campbell interrupts "Lawyer Blank's" depiction of Dr. Workman as a kind of demon aroused against him, demanding what he has done to disturb him; the latter explains that it was enough to suggest that "something could exist in the Provincial Lunatic Asylum which was not absolute perfection" -- he alludes in particular to the allegations that Nurses aggravated Mary's condition by interrogating her (14).

The straw-man alleges a breach of professional conduct: "Was it not a most improper and a gross breach of professional confidence to reveal anything thus told him?" (15). More than this, Dr. Campbell says, he is annoyed by "the torturing process by which this so-called evidence was obtained" (15). He has his straw-man then draw comparisons to a work of fiction, Charles Reade's Very Hard Cash and its "parallel cases of Asylum torturing" (15). Moreover, referring to characters in the book, and with startling inconsistency, he implies that Dr. Workman and his staff have been brutalized by daily contact with lunatics.

Allegations of Torture at the Provincial Lunatic Asylum

Dr. Campbell describes in grotesque detail Mary's difficulty talking, after the stoppage of her larynx had necessitated reopening her wind-pipe to enable her to breathe. The nurses aggravate Mary's suffering by encouraging her to talk; moreover, the Asylum itself causes the stoppage by placing Mary in a room that is too cold and dry. Dr. Campbell concludes that Mary's death was really caused by "the miserable arrangements of this Asylum, which costs the Province so much money!" (16). He implies that Mary did not die from the neck wound proper but from "the insufficiency of the means in the Asylum, for treating, any case of simple bronchitis" (16).

As for Dr. Campbell's use of "pinioning" in his letter of May 13, he allows that he probably should have used "the more delicate term `restrained'" (16). For a professional, his language is clearly highly emotive, but so is Lawyer Blank's as he accuses Dr. Workman of callousness in speaking for his patients so far as to claim that they had even come to like his innovatory soft chamois muffs. With almost Johnsonian indignation, he likens the muff to the noose, as if any amount of such physical restraint were literally "barbarous": "I don't know whether the bowstring by which the victims of Eastern despotism are strangled, is a whit more acceptable to them, because it is made of silk instead of hemp" (16).

When Dr. Workman expressed his fear that if her hands were free Mary might try cut her throat again with, Dr. Campbell replied with a shrug, "What if he does?" Dr. Campbell now explains that he was not

being callous but realistic, since with the stitches removed and the wound reopened to allow her to breathe, there was no more damage she could do. He adds that he explained all this to Dr. Workman at the time of his visit. Lawyer Blank duly observes that Dr. Workman's memory is "remarkably convenient" (17).

Mary's "Lunatic" Statements

The question arises of the propriety of the Coroner recording Mary's statements as evidence against Dr. Campbell. The lawyer replies that legally speaking the Coroner is free to record what he pleases as evidence, as a coroner's inquest is not a trial. However, Mary's statements are not strictly speaking evidence at all, as she was not under oath when she made them. Her statements are legally only "hearsay," and moreover the "hearsay" of a lunatic. Lawyer Blank has never heard of "a lunatic being allowed to testify in a witness box, even under oath" (17). Lawyer B. asserts that Mary's insanity had already been fully established; therefore, the Coroner had no business taking any evidence from Mary. Permitting the publication of "hearsay" as evidence, he runs the risk of an action against himself for defamation.

Professional Judgment vs. Jury Verdict: "Felo de Se"

As for the jury's verdict, Lawyer Blank finds it improper too. Felo de se means "criminal deliberate suicide" which, as a "lunatic," Mary was incapable of. He also objects to the qualification of Mary's "insanity" as "temporary" (17). Dr. Campbell finds the implication that "the insanity would not be permanent had the girl lived" quite unsubstantiated. Obviously a great deal of Dr. Campbell's legalistic argument rests entirely on designating Mary a "lunatic" (17). As a "lunatic" her statements cannot be used as evidence against him or even disseminated without the Coroner exposing himself to legal action; moreover, as a permanent lunatic her condition cannot be attributed to any physiological causes such as pregnancy or Dr. Campbell's possible abortion of it by means of "galvanism." The lawyer makes a similar observation, but with a different point of view. He adds that such a reason -- temporary insanity -- is usually only used out of consideration for the feelings of relatives, when the condition of the victim is really permanent.

Finally, regarding this verdict, "Lawyer Blank" invokes the professionalism of those who testified to the contrary:

> [Lawyer Blank] The Coroner should not have accepted such a verdict from his "intelligent" jury in the face of the evidence of two experts, Dr. Workman and yourself, who were paid by the public for their professional opinions on this point of insanity. (18)

The Coroner's failure to accept such expert testimony, is attributed possibly to professional animosity. The two were friends at college in Edinburgh, but now belong to different schools of medicine (18). "Lawyer

Blank" finally concludes that the real cause must be senility: "Poor old Hallowell, it may be he is more to be pitied than blamed" (18).

Homeopathy vs. Allopathy

The Coroner's underlining of certain passages in the recorded depositions, especially critical of Dr. Campbell, is taken as an indication, not that the Coroner regarded these passages as important, but that he had a special malice against the doctor. This last point returns us to allegations of professional differences unrelated to the Mary Boyd case. Dr. Hallowell singled out evidence against Dr. Campbell in order to discredit the latter's "school," which was homeopathy:

> he had gone out of his way to favor the foregone conclusion of bringing you, and through you, Homeopathy, into public contempt, and, what is a far more serious impropriety, actually prejudged the case that he was sitting to investigate. (19)

Signs of Virginity

It seems to have been an important part of Dr. Campbell's strategy to discredit the most damning physical evidence in advance. Thanks to the above preliminaries, Dr. Hallowell's colleagues on the jury at the Coroner's Inquest have now become "conspirators," the jury a "combination to injure [Dr. Campbell's] professional or private character" (19). Mary herself has conveniently dropped entirely out of the picture.

Dr. Campbell, playing innocent again, refuses to believe that "members of a learned profession would ... unjustly and insidiously assail a member of that profession" (19). "Lawyer Blank" corrects him. He and the rest no longer belong to the same profession; as a former prominent member of the conventional school, he is regarded as a traitor:

> They think that you are fair game, and that anything they can do to injure you and your school is quite lawful. The mere mention of "Homeopathy" seems to act upon them in the same way that a red flag does upon a bull, it puts them in a frenzy of rage at once. (19)

The idea of conspiracy is corroborated by the fact that Dr. Workman and his colleagues examined "the external sexual parts of the deceased" without the knowledge of Dr. Campbell. This autopsy now becomes the "`caucus' meeting of the conspirators" (20). This subsequently becomes "that most iniquitous `caucus' meeting of these conspirators against homeopathy" (24).

Dr. Campbell declares himself to be at a loss to account for the disappearance of the "signs of virginity," which were present when he examined the living patient. His reasons for concern is not the implications for himself and his son, but entirely the "good name of a modest and estimable young woman, whom I considered to be wrongfully accused of looseness of conduct" (20). However, either the

medical men exaggerate Mary's condition, in order to discredit someone not of their school, or someone tampered with the body in the mortuary. Dr. Campbell finally asserts:

> I clearly and distinctly assert that the signs of virginity in the body of Mary Boyd were greatly damaged, or, as the medical witnesses said, "almost obliterated," in the Provincial Lunatic Asylum. (21).

The Real Question: Pregnancy and Galvanism

"Lawyer Blank" insists that the real question is Mary's pregnancy, which cannot be answered with reference to her non-virginity alone. What virginity would preclude, non-virginity could not confirm. Dr. Campbell affirms that the post mortem revealed "neither foetus nor ovum" in the womb, only a "dysmenorrhoeal membrane," which he argues is almost always an indication of "absolute sterility" (21). Dr. Campbell never discussed this when he was examined, because "nothing had come up with reference to pregnancy" (22). Later the Coroner wrongly allowed the jury to comment on "the impropriety of using galvanism as an emmenagogue" (22) -- a medicine to aid menstruation. Dr. Campbell argues that galvanism works better than conventional medicines, and is "rather agreeable than otherwise" (22).

"Lawyer Blank" attacks Dr. Workman for not been entirely a medical man: "writing political squibs in defence of Mr. Hincks ... engaged in the philosophical occupation of selling tenpenny nails" (22); whereas, Dr. Campbell has enjoyed 40 years of continuous medical experience. He allows the lawyer to make such ad hominem attacks, then corrects him, in order to appear the more magnanimous.

Dr. Campbell emphasizes that the galvanic treatment was not an excitement but a sedative:

> The popular idea, which the medical witnesses seemed to share, is, that galvanism is always an excitant; whereas, when judiciously applied, it is equally effectual as a sedative. (24)

Thus Dr. Campbell depicts himself as a victim of professional hostility on the one hand, and public superstition on the other. The straw man expresses his own point of view:

> They [the public] don't, in fact, seem to know anything at all about this form of galvanism, which, nevertheless, they were so ready to condemn? (24)

"Lawyer Blank" repeats Dr. Workman's hypothetical syllogism: if there was a "shadow of suspicion of pregnancy," galvanic treatment potentially amounted to an abortion. Dr. Campbell emphatically denies the antecedent. One somehow suspects that he must be referring to physiological "shadows" only, since there clearly were suspicions of his son, raised by Mary's own accusations. Subsequently "Lawyer Blank" parodies the syllogism: if Dr. Workman, in a conspiracy against homeopathy, tampered with Mary's body in the mortuary, then "DR. JOSEPH WORKMAN SHOULD BE HIMSELF TAKEN CHARGE OF IN THE PROVINCIAL PENITENTIARY AS A FELON" (24).

A third "microscopic examination" confirms that "uterus and its appendages were in a state of sub-acute inflammation" and indicates the presence of a "corpus luteum," which Dr. Campbell explains might have been "the local cause of the excitement of the sexual feeling" that led to Mary's hallucination. He somewhat pedantically refers his audience to a book the public could not possibly be aware of: Carpenter's Physiology.

Dr. Campbell emphasizes that "the galvanism had not been used until after the menstruation had once begun, and had again stopped" (25). He explains that when menstruation has begun it cannot be Amenorrhoea, and that when its interruption is attended with pain "it is usually called Dysmenorrhoea" (25-6). His language thus seems slightly evasive on this point, shifting from what something "is" to what it is "usually called," as if wishing to disguise the very real possibility that such an interruption might have been something else.

He dismisses the suspicions about Poole as entirely impossible. These are generally regarded as absurd, as a whole month had elapsed between the alleged time of events and their relation by Mary, she retracted her story two hours later, etc.

He insists that "the delusion was caused by the mental disturbance that often attends difficult menstruation" (26). She retracted her story because of the appearance of the discharge two hours after telling, then maintained it again the next morning when the discharge stopped.

Erotomania vs. Religious Excitement

Dr. Campbell argues that Mary's alleged retraction also precludes the contrary theory that she confessed out of remorse triggered by the Rev. Caughey's sermons. He insists that when he examined her there were no signs of penetration. He concludes by depicting her as a "nice" girl ("She was especially remarkable for her modesty of demeanour and propriety of conduct" (26-7)) driven into dreaming and finally "crazed by a mere physical trouble" (27).

However, normal emotions do not apply to a lunatic. Once properly "crazed" she did not suffer from "passion" but from "Erotomania":

> The term "passion" however, hardly correctly expresses the idea, as it cannot properly be applied to any emotion the result of insanity; but I cannot find a better word to express the condition .... It is a very sad though not uncommon form of insanity, and the subjects are generally persons of some refinement and education. It differs in one remarkable respect from Nymphomania, having always for its object one individual, and being compatible with perfect propriety of conduct, whereas Nymphomania is quite the opposite, being indiscriminate in its objects, and frequently leading to great immodesty of manner. (27)

The classic "Erotomaniac" is Ophelia, who -- like Mary -- chose to commit suicide by drowning. It seems strange, with his knowledge of and interest in "Erotomania," that Dr. Campbell only indicated "religious excitement" on the form for admission to the Asylum. Dr. Campbell explains this as another misunderstanding attributable to having to communicate to an ignorant public: "it was necessary to give some name to the type of insanity which she manifested" (28). Still, this seems inconsistent not only with his later diagnosis, but also with his avowed respect for religion. Dr. Campbell states emphatically that he does "not believe that religion is ever the cause of insanity" (28). This opinion is exploited by the straw-man, "Lawyer Blank," to place Dr. Campbell opposite other members of his profession -- "in the habit of differing from very high authorities" (28) -- but on the side of the religious establishment:

> [Lawyer Blank]: It will greatly comfort some very worthy men who have felt hurt at the discussions to which this case has given rise. They shudder at the bare idea of religion ever being a cause of insanity ... Your Methodist friends will feel more kindly disposed to you for having made this explicit declaration. (28)

Conclusions

(Vagueness)

Dr. Campbell's testimony occasionally seems deliberately vague, as when he fails to indicate precisely when Mary told his wife about her "female condition," and when his wife told him. As he reports the remark, and as it is recorded at the inquest on May 5, she appears to have told him about it on the very day of Mary's suicide attempt. In fact, Dr. Campbell's later testimony indicates that she probably told him about it earlier, perhaps as early as April 17, when Mrs. Campbell herself was told. Such vagueness could have been intended to distract Dr. Campbell's audience from what appears to have been considerable involvement in Mary's "female condition."

The admission that he cannot tell for certain whether slight improvements to Mary's "condition" occurred "on account of ... or after" (vi) his treatment is similarly interpreted by subsequent commentators as another instance of deliberate vagueness. What he had intended as a simple statement of a causal fallacy, is taken to indicate confusion over timing: whether Mary's improvement "preceded or followed their administration" (xi). If Mary's improvement followed Dr. Campbell's treatment -- that is, if she had been suffering from suppression of menstruation and her periods had not begun again -- then Mary might have been pregnant, his treatment might have induced an abortion, and Dr. Campbell should have been aware of the implications. What Dr. Campbell offers as professional modesty, the sort of positive but heterodox behaviour that brands him a "maverick" and exposes his conduct to such undue scrutiny in the first place, is taken for evasiveness about diagnosis and treatment alike.

Similarly, at least as presented in Dr. Workman's testimony, the causes which he states were offered him by Dr. Campbell begin to look like distractions if not deceptions. No doubt, after reading Dr.

Workman's letter, many readers would have begun to suspect that Mary's "religious excitement" might have been embellished by Dr. Campbell to distract the public from scrutinizing his own practices.

(The Rhetoric of Virginity)

Dr. Campbell exploits the melodramatic language of virginity, losing sight of the physiological issue by overwhelming it in moral values, sometimes hysterically expressed, as if to discourage the truth by making the mere raising of certain possibilities an outrageous insult not only to Mary but to all womankind:

> I am as positive as it is possible for me to be on a point, which no medical jurist will undertake in certain conditions absolutely to decide, that she never had any such, either with my son or with any other man, but that she died as she had lived, a spotless virgin! (6)

He shrewdly notes the irrationality or at least inconsistency of the way such testimony is used against him:

> When Dr. Campbell's treatment was to be represented to the jury as "improper" Mary Boyd was allowed to be, what she was in truth, a "virgin girl." When it was wished to give a colour to other charges, then the poor girl's purity of conduct was basely called in question. (ix)

Essentially he turns his tables on his opponents. They seek to expose him, or at least his son, as a despoiler of women; subsequently, he exposes them as despoilers of women's reputation.

(The Issue of Insanity)

Dr. Campbell similarly attacks the verdict of "temporary insanity," not by direct denial or even mainly by reference to any particular facts, but by exposing its inner inconsistency. Thus, in the "dialogue" discussed above, he has his straw-man, "Lawyer Blank," juxtapose Dr. Workman's restraint of Mary and his insinuation that she is not really "lunatic" to reveal their incongruity:

> if she was sane why was she "pinioned" to the last, and her father prevented from seeing her? If she was insane, why did Dr. Workman bring forward his nurses to the inquest to report her ravings? (18)

Of course, such an argument employs its own doubtful premises, that on one hand yet another suicide attempt would have been mad, her father would not have wanted to see her again simply because she was mad, etc. and that on the other if she were sane she would have wanted to live, her father should have seen her, her statements would be truthful, etc. Unfortunately Dr. Campbell never attempts to see beyond

simplistic notions of madness and sanity, polarized and riddled with subjective values; on the contrary, he seeks to exploit such notions and manipulate them in his own favor.

(Underestimation of Rhetorical Context)

Guilty or not of what he is suspected of, Dr. Campbell either way seriously underestimates the consequences of professional imprecision in a legal context, and fails to appreciate the necessity and moreover the duty of such professionalism to communicate clearly with a larger public. Indeed, his concept of professionalism seems entirely condescending and one-sided; it is as if his knowledge was not accompanied by any responsibility to communicate itself, as if he felt it entitled him to respect without obliging him to make himself understood. The whole pamphlet shows him subsequently making the effort, but awkwardly and too late. Whatever else he might have done, he has certainly miscalculated on the level of rhetoric.

Moreover, in describing the details of Mary's body, indeed of her very autopsy, Dr. Campbell is self-consciously aware that he is bringing some startlingly new content to the pages of the Telegraph and its readers:

> It is painful to me to have to obtrude such matters on the public. I know that the pages of a medical journal would be the proper place to discuss the pathological phenomena of such a peculiar case, but such journals have a very limited circulation, and you have left me no alternative but to speak out plainly to the general public in the same paper where I was attacked, and where the matter was first made known to them. (5)

If what he says of his own somewhat exclusionary sense of professionalism is accurate, doing so must have been almost as shocking for himself. It probably would occur to many readers that Dr. Campbell is literally fighting over Mary's dead body, claiming the right to speak for her in opposition to his enemies' rival claims. Neither side concedes that such a privilege must have expired with the victim, no matter whose victim she really was. Dr. Campbell's presentation of her as "the poor suffering girl" implies that Dr. Workman and his nurses hastened Mary's death by forcing her to speak in order to titillate them, mad as she was, with scandalous slander of Dr. Campbell and his son. Yet even in his own account, the lasting images are of the nurses enabling Mary to speak by closing with their fingers the hole that he himself had reopened in her throat and through which she breathed. As if by this time she could speak or breathe but not do both; and she chose to speak.

Jon Thomas Rowland

4 "A PERSONALITY OF ITS OWN": ASYLUM AS DIATHESIS

Workman's successor at the Toronto Asylum is Daniel Clark (1835-1912), Medical Superintendent from 1875-1905. Clark was born in Scotland and emigrated to Canada in 1841. He obtained his M.D. from Victoria University in 1858, studied chloroform anaesthesia under Dr. James Simpson of Edinburgh, and served as a volunteeer surgeon in the Union Army of the Potomac. According to Thomas Brown he "had no training or experience in caring for the insane when he was appointed superintendent of the Toronto Asylum in December, 1875 .... it is difficult to escape the conclusion ... that his appointment was little more than a political reward by the Liberal government of Oliver Mowat for Clark's active support of the Grit cause in the riding of North Oxford (Ontario)" (236).[52] An item, in The Canada Lancet 8 (1876): 156, reports a banquet given to Clark in Princeton, by a number of officials including members of parliament, on the occasion of his appointment to the position of Superintendent at the Toronto Asylum. A portion of his speech is paraphrased:

> The position to which he had been appointed was the one he would have chosen in preference to all others. He had made insanity a special study, not for the purpose of receiving any appointment, for he had never dreamed of such a thing, but soley for the love of the study of that subject -- insanity. He had never applied for the appointment -- it was urged upon the Government by the spontaneous will of the Medical Council of Ontario. (156)

In an address to the Gore and Thames Division of the Ontario Medical Council, in The Canada Lancet 7 (1874-74): 140-41, Clark celebrates the recent defeat of a "Homeopathic Bill," which would have weakened the authority of the College of Physicians and Surgeons of Ontario, and licensed (as Clark saw them) "shoals of `carpet bagger,' quacks, and illiterate pretenders, to practice, collect fees, hold medical offices of trust, append spurious titles to their names, and attain the same legal status as those who had spent many years of laborious study and much money in acquiring a primary knowledge of the multifarous details of an abstruse and difficult art" (140). Among Clark's recommendations on this occasion, the expiration of his first term as Division Representative, are the imposition of a statute of limitations on malpractice suits, the establishment of a "pathological museum" (with a library), a "tariff of fees," and (in interesting anticipation of the importance of such activity in the professionalization of alienism) the remuneration of medical witnesses in criminal cases.

Clark defends his own professionalism while mocking quacks, especially improperly licensed ones, in the figure of "Magnum Bonum, Esq., M.D.," in "Medical Quackery," The Canada Lancet 5 (1872-73): 608-17: "Magnum Bonum ... of Demerara Collegiate Institute, and medical, astronomical, and hygienic

Receptaculum for the training of graduates over the Pons Asinorum of science, art and medicine, respectfully begs to inform the public that he has commenced the practice of his profession in Hardscrabble" (613). Mocking such ostentatious learning, his article is nonetheless itself rather ostentatious, as he parades an odd assortment of facts ranging from ancient Egyptian astronomy to modern Mesmerism. The essay, obviously a part of Clark's campaign on behalf of professional integrity at the time of the Homeopathy Bill, uncomfortably blends satire of medical hypocrisy with a speculative tendency which resembles it. Much medical "humbug" nonetheless addresses a "magnetic, galvanic or electric influence" on the "magic power" of which the alleged connection "between mind body -- between the ego and non-ego -- in thought, volition, emotion, passion and desire depends" (611). His contemporaries' wild speculation in a state of ignorance is virtual confinement in "this pent-up Utica" (611).

This "electric influence" is the subject of "An Animated Molecule," American Journal of Insanity 35.2 (October, 1878): 189-228. Clark argues that it, or rather some "psychic force" related to it, "`an invisible, supersensuous' something -- a dynamical agent -- a material force ... can, independent of sensation or automatic life, cause the excitation of nervous or muscular molecules, as efficiently and truly as is done by ab extra agency" (212). Its pervasive power would explain why "all brain substance is not necessary to physical nor mental life, and ... the localization of psychical power is not borne out by experiment or pathology" (220). The particular experiments Clark has in mind, he insists in this paper originally delivered on May 10, 1878, before the American Association of Medical Superintendents of Asylums for the Insante at Washington, D.C., are what he has derived from "asylum experience" (225). The "psychic force" helps explain, among other phenomena of "asylum life," why in cases of paresis "the organ, diseased as it is, can do its work healthily at one time and at another morbidly, yet under the same conditions in both cases" (226). This "psychic force" enables Clark to organize virtually all physical and physiological phenomena according to some evolutionary principle, from electricity, thorugh "vitalism" to "psychism" (192).

Clark's belief in dualistic and evolutionary forces of mind and matter is coloured by his experiences as Superintendent of the Toronto Asylum, where "matter" gets the upper hand, and evolution tends to become devolution -- or disintegration. Clark finds himself less preoccupied with heroically combating epidemic pestilence than with painfully redressing modern-day problems of negative heredity and worry.[53] A phrase Clark wrote in his report for 1890 makes a good epigraph for his period as superintendent, as attention is increasingly paid to details and the asylum finally achieves "a personality of its own" (1890, 41). For him the Asylum is an "intricate organization" or perhaps organism which "reflects," as he puts it, both "the necessities of the various periods of its existence" and "the `personal equation'" of its administrators. It seems characteristic of Clark's abstract and paradigmatic mode of thought that he sees the Asylum itself as the ongoing product of a harsh dialectical process, the rather unsatisfactory synthesis of diametrically opposed forces of accommodation and idealism.

The institution he inherited in 1875 must have amounted to a considerable worry.[54] While in his reports he glances at some of his predecessor's old obsessions, like masturbation (for example in his "inaugural report" of 1876), he usually is much more concerned than his precursor with minor improvements to painting, flooring, lighting, and heating, which must have seriously affected patients' lives. Rather typically, he reports in 1877 that "all the wards in the building have been ... improved and present a cheerful appearance" (238) -- and, always the conservative professional, he bothers to point out that the predominant light blue colour of the walls in the wards has nothing to do with General Pleasanton's blue glass theory; it is "pleasant for the eye to rest upon, just as is the verdure of nature" (239).[55]

Preoccupations and obsessions similar if not identical to those of his more illustrious predecessor, appear altered from Workman's day, now in some process of devolution, disintegration, or decay. Some of these processes are restrained and controlled; most are irreversible. Occasionally Clark does effect some long-awaited improvement, but so late that the process it was intended to fulfil either no longer exists, or now appears to be moving in reverse. One such process is the acquisition and liquidation of the Asylum farm. Workman had annually reported its growth and development. In 1885 Clark reports that it has shrunk from 105 acres five years ago to 79, thanks to incursions from the Central Prison brick yards, the Mercer Reformatory, and the railroads. By 1886 the farm is virtually gone, the Asylum having lost another 60 acres. Subsequently Clark must build "new walls on our own boundaries out of the old material" (1888, 4). These mark a severely curtailed grounds: a continuation of Shaw Street on the East and of Dovercourt on the west (1888, 4). In 1889 1,600 feet of wall are reconstructed, out of material from the old wall, to mark the new boundaries.

The Asylum's notoriously complex and inefficient heating and plumbing systems are similar commonplaces. As early as 1879 Clark complains that the heating is still done "by a hot water system" using 35 furnaces. Dismantling and cleaning them takes the mason two months' work every year, they require constant labour to fill and keep burning, and refilling the coal bins in the basement pollutes the lower flowers with dust. In 1889 two boilers are introduced for the production of steam heat, replacing 8 of the "antiquated brick furnaces," by then already over forty years old.

Part of the main drain "running parallel to the main building" collapses in the spring of 1876 and has to be replaced. Clark reiterates Workman's old complaint about "the faulty construction of the water-closets in the wings ... the cause ... of much discomfort, and the source of disease" (204). The horizontal over-flow pipes leaked badly, saturating the woodwork and making the compartments and corridors "unhealthy" (205). The sinks had to be replaced in the bathrooms, nearer the perpendicular pipes, and the floors relayed. Unlike his predecessor however, who seemed to relish the opportunity to display his technical expertise in print, Clark self-consciously insists on describing such things verbally, while deprecating such description as inadequate, and appealing to the "satisfactoriness" of a result which he begs us to take on the authority of his word.

In the same year Clark reports the outbreak of an old, related scourge: "When the Spring began to open, typhoid fever broke out simultaneously in the Asylum and Central Prison" (209). The Asylum and

the Central Prison continue to get their water from the same place, "at the western outlet of the Bay" (209). This water is, even to the naked eye, "full of animal impurities" (209). To the nose it stinks. The sediment in a sample taken from the Asylum reservoir consists of organic matter, attributed to the discharge from the city sewers, a dead horse, and "a few dogs" floating in the Bay (209). Some of the waste comes from the Asylum and the Central Prison themselves, since their sewers empty only 250 feet away from the intake. Clark depicts what he considers a serious threat for the entire city, the contamination of the water supply by the creation along the waterfront of a "continual flowing river of filth .... of sufficient volume to drive the machinery of a dozen grist mills" (209).

Without being able to ascertain the source of communicable disease beyond "indefinable organic matter" (210), Clark understands that even when such matter is invisibly diluted it can still propagate disease; much more dangerous, therefore, must be the visibly polluted water of Toronto Harbour. He therefore recommends that the Asylum draw its water from a point directly south, where "the open lake can be reached" (210). In the meantime, the patients will draw their water from several wells on Asylum property. After a few weeks of this, the outbreak subsides. This is perhaps the closest Clark comes to writing in the manner of his predecessor, on one of his favorite topics -- plague -- but he does not write that way for long.[56]

Clark's Pathology: Painful Renovation of the Species

Clark's approach to the Asylum and to pathology agree, and they are strikingly different from Workman's.[57] Clark wrote and published a text-book on mental disorders in which disorders treated epically by Workman are approached more clinically under the rubric of worry. Worry, combined with heredity, becomes Clark's "master trope," much as masturbation had been Workman's. Worry includes masturbation, as Clark's emphasis shifts from masturbation to the hereditary "mechanism" that enables it be at once cause and effect of degeneration. Masturbation is "a great strain on the nerve centres, which are roused to undue activity by artificial means"; subsequently, "if the father is not capable of producing a vigorous spermatozoa the result means a degenerate progeny" (150). Worry is listed among the four principal causes of paresis (81) and accounts for a number of other disorders, from neurasthenia to dypsomania, in an age Clark characterizes as "nerve-exhausting" (254), with "daily brain work above normal; the worry of competitive business; the humdrum of all work and no relaxation; the fierce battle for life all along the line; the envies and jealousies in the world of fuss and fashion, etc." (268).[58]

Consistent with this hereditarianism, Clark believes in the gradual upward tendency of humanity, slowly erected on the equivocal and painfully accumulated achievements of past struggles. At the same time, this gradual improvement is governed by truth to an original. That improvement has always been so

is indicated by our similarity to ancient Egyptian mummies; that it must always be so is indicated by analogy to the modern steam engine:

> The engine may be well constructed, and able to generate much steam, but if the safety-valve is dangerously poised, the governor improperly hung, and the balance wheel out of proportion, the strength of the engine is greatly wasted and impeded. (1879, 303)

A capacity for fulfilling an original potential is regulated or rather opposed and cancelled out by an inert force so nearly its equal that nature's potential can only be realized very gradually over time. Progress is just the slowly accumulated sum of many minor differences. Major ones, Clark's analogy rather conservatively suggests, would be "wasted"; the machine would never be able to work them off, or they would blow the whole thing apart.

Yet, if the original proves faulty or if its progeny veer too much from its idea, it or they must be scrapped. "Moral, intellectual, emotional, affectional qualities and instincts" are all potentially "hereditary taints" or inheritable disorders, the weak link in the chain "only as strong as the weakest link" (299), or the enemy in the fort "only as impregnable as its weakest part" and of which "the enemy has possession of the bulwarks" (1879, 300). All of these analogies consist of the obviously corrupt part, and a highly corruptible host -- the water, the chain, the fort -- that by virtue of not being entirely corrupt conveys and spreads the corruption through matter and time more effectively and insidiously than it could have done if it had been entirely diseased. The architectural aspect of the analogies suggests that by the time of writing the Asylum, elsewhere described as a pyramid (1888,4),[59] or giant "barracks, erected as a laudatory monument to some ambitious architect" (1882, 48), had itself become a conspicuous example of "hereditary taint."[60]

(Abstractions, Slow Processes)

Clark's related passions for minutiae, for minutely graduated processes, and for abstract personification of the same are all reflected in his discussion of the bureaucratically cumbersome and often tragically absurd admission process. In the case of a patient committed to gaol on the basis of a Lieutenant-Governor's warrant, when he is transferred to an Asylum a "statutory form" is completed by a judge, who must address such questions as whether or not he is "idiotic, imbecile, or incurable" (1876, 211), which of course he is unqualified to answer unless he is a doctor as well as a judge. The Superintendent sees the "statutory form" but never sees the medical certificates on the basis of which the original Lieutenant-Governor's Warrant is made, consigning the subject to gaol in the first place.

The warrants are obviously a provisional measure, an economy, a stop-gap prone to abuse. As Clark succinctly states, they "compel admission when a vacancy is due" (211), which might not be for years. When the patient is finally transferred his condition has changed; he might even be cured. But patients

cured by bureaucratic delay are inexorably committed anyway, by the same process, with all its immeasurable (and totally unnecessary) "trouble, expense, and chagrin consequent on Asylum confinement" (212).

In his 1891 Report, in typically paradigmatic fashion, Clark presents two cases, A and B, illustrating through comparison and contrast the strengths and weaknesses of the two modes or rather proceses of admission. Both A and B go mad in the street. The only difference in the two cases is that A is found by friends, B by a policeman. A's friends take him directly to the medical superintendent, papers are issued, and A is almost immediately admitted. B is arrested, conveyed to gaol, committed under warrant, brought before a magistrate, and committed again to gaol awaiting further examination by the gaol surgeon, the judge, and another doctor. Provided these find B insane, the papers are sent to the Provincial Secretary, who relays them to the Inspector of Asylums, who relays them to the Medical Superintendent, who eventually returns them to the Secretary. If everything by this time is still in order, a warrant of transfer is issued to a bailiff and the prisoner is finally admitted to the Asylum. Unfortunately for B, getting out is as difficult as getting in. While A may be released by the Superintendent "at five minutes notice" (9), B can only get out by virtue of the same power that committed him. As usual, the underlying argument appears to be for more discretionary powers for himself.

(Professional Restraint)

Clark's personality is perhaps best, if more problematically, reflected in his approach to the controversial issue of physical restraint. Designating the opponents of restraint "ultra hobbyists," Clark boasts of not having resorted to the "camisole" once in the last ten months, solely on the basis of his own good judgment. Discussing the use of human vs. mechanical restraint, he asserts that asylum servants are "as kind as any other respectable class of the community" (1877, 244) or kinder, since they are selected mainly on the basis of kindness itself. Nevertheless, being human they "may possess enough of Adam to lose the sweetness of patience" (244). Some kind of mechanical restraint is therefore not only allowable but indispensable.

"Narcotism" or medication with "opium and its salt, hydrate-chloral, croton-chloral, and kindred drugs" (245) is, curiously enough, only a worse from of mechanical restraint. The patient thus medicated is like a ship moored by sheet-anchors, or a citadel captured by a "subtle and dangerous" enemy, blocking the way to ultimate recovery. The cerebral molecules are in a bondage like that of "bands of iron." The doctor can only await for these "captives" to "assert their liberty" (245).

For the benefit of his readers, and to support the tenor of his own argument, Clark quotes from Dr. Mortimer Granville's Care and Cure of the Insane (Vol. 2, 2nd ed, 1877) and offers an "epitome" of the observation of one Dr. Raynor, Superintendent of the Male Department at Harwell and Lecturer on Psychological Medicine in Middlesex Hospital, London. The former characterizes a system of parole and total non-restraint, alleged to be flourishing in Scotland, as "loose ... without the power of truth or self-government on the part of the patient" (245) and, emphasizing the understatement with italics,

"unreasonable" (ie., mad). The latter, as epitomized by Clark, opposes medicinal treatment on the grounds that it that does not exert "a direct curative action," it injures the brain and prevents its nutrition, it "irrationally" and "unjustifiably" allays excitement to save trouble, and its prolonged use develops "the most degrading and intractable forms of insanity that our Asylums contain" (246). Clark concludes by presenting himself as a rather heroic dissenter, opposing "the expressed opinions of `many mighty men'" (246), historically (and rather unheroically) caught in the middle between extremes of old-fashioned "barbarism" and the "unwise and indiscreet sentiment" of contemporaries whom he likes to call "hobbyists" (246).[61]

Considering that total non-restraint appears to work in Britain, but could not possibly succeed at the Asylum with its "goodly number of maniacal cases ... who would make it lively for officers and attendants," he speculates that North American insanity, like everything else, must be more vigorous than the European variety, perhaps because of everything else North American. North Americans eat, move, think, live, age, and go mad faster and more vigorously than their European cousins. Their "physical system" resembles a steam engine, maybe like one of those that Clark complained disturbed the quiet of the Asylum night and vivisected its farm, "with more steam on than is safe" (246). What drives them insane, only makes them crazier upon arrival:

> This "high-pressure" life may give to our maniacal patients a violence and even savagery, not seen in British Asylums. The nervousness and excitability prevalent among our sane population, doubtless contribute to aggravate all the symptoms of the insane persons when reason is lost. (1877, 246)

Curiously, given his opposition to the widespread use of drugs, he seems to have no opposition to alcohol. He would indicate the low death-rate as an argument for abstention from drugs, that is if he argued as crudely as the faddists who used them too readily, entirely on the basis of results, before objectively establishing the conditions of patients and their surroundings (1879, 298). For his use of alcohol, he invokes the numerous authorities: Anstie, Dupré, Schulinus, Binx, Subbotin, Sydney, Ringer, and Thudichum.

The adoption of qualified "non-restraint" is complicated by the crowding of the Asylum, where one attendant must care for as many as 18 patients. The fact that by 1883 "there has been no restraint of any kind for over seven years" in the men's refractory ward is not boastfully reported, since it is due to the conduct of the patients themselves; had they required it, they would have been restrained. While Clark desires to keep restraint to a minimum, he reserves the right to determine what that minimum is, and the authority to impose it when he considers it necessary.

Clark insists that the successful reduction of physical restraint depends mainly on the tactfulness of the staff or, as Clark puts it, "a judicious exercise of control by discreet attendants" (1883, 62). It being human nature to resist "opposition or restraint in any form" (62), the removal of it often has a sedative effect. The "open door system" is used in the three cottages and on the main floor, mainly because there

the patients "are harmless, quiet, and have no disposition to stray away" (62). If one implication of Clark's argument is that the staff have such discretion, another is that he has -- and moreover must have authority to choose the staff that will have it.

When Clark's authority fails, or when the staff fail to exercise that discretion for which he chose them, the fault is elsewhere. Clark reports an incident on April 1, 1884, involving Rachel Stephens and Valeria McKinley, who share a room in the refractory ward. Rachel had been harmless, and Valeria melancholy "but quiet" (1884, 97). At approximately 6 A.M. a nurse heard the sound of blows in their room, tried to open the door, but found it "barricaded" (97). By the time attendants managed to get inside, Rachel was dying on the floor from the blows Valeria had inflicted with the night-pail. Valeria explained: "I asked her to kill me, and because she refused I killed her" (98). Valeria herself lapsed into a coma, and died the next day of "congestion of the brain" (98).

Clark inserts a statement by J.G. Duncan, City Coroner, confirming this version of the incident. Clark attributes the incident to chance, and to "those contingencies to which Asylums must always be liable where morbid minds act upon impulses" (98), but also to an obviously man-made situation that could have been avoided:

> the Asylum was overcrowded. On this account it was necessary to turn single rooms into associated dormitories. Our refractory ward is badly constructed for the class of patients it contains; it has five associated dormitories, containing from six to sixteen beds in each. That is to say, our worst and most dangerous patients must sleep together in that proportion. This ward contains sixty-two beds, and has only nine single rooms in it. At the time of the homicide five of these had two patients in each. (1884, 98)

Clark reports again in 1885 that with the exception of one surgical case, there has ben no restraint or seclusion of patients since January 6, 1883. Although he mentions it (and has mentioned it regularly for some years now), he denies that he celebrates the fact or takes any special credit for it, as if to do so would be to acknowledge the efficacy of public opinion ("the mere clamour of hobby riders" (42)) in opposition to restraint, and that there had been a problem with the use of restraint to begin with. One would be tantamount to an admission that his professionalism was not entirely autonomous, and the other to a confession of wrong-doing. Restraint has not really been abolished (since it was never an abuse), but by some coincidence there has been "no valid excuse for its use" (1885, 42). At the same time he is willing to make an issue of it, provided he can exploit for his own ends or ends of which he approves, such as the adequate staffing of the Asylum, or redressing the problem of crowding; except for maniacal patients, these are the conditions that make restraint necessary.

(A Marginal, Defensive World)

Troping the Asylum

The proximity of institutions like Central Prison and the Mercer Reformatory must have helped to make the atmosphere of life at the Asylum for the Insane quite rough if not downright brutalizing. Something of the milieu, an overlapping of equally marginal domains and jurisdictions, emerges from juxtapositions in the pages of Clark's Diary. At virtually the same time he reports being called upon to "to give evidence as to the condition of insane criminals, who were sent here from the Central Prison" (367), on the national level he is dealing with the politics of the insanity defence in Louis Riel's trial for treason. On July 18, 1885 he received the "telegram from Dr. Roy ["superintendent of Beauport Asylum" ?] asking me to go with [illegible] Reil, the North West rebel at Regina, Manitoba where he is imprisoned for trial." He rather cynically anticipates what he has to do: "I presume the insanity-plea is to be set-up" (361). Meanwhile, on July 23 the city celebrates Riel's defeat: "A number of the volunteers from the North West going to their respective homes have been passing through this city. The Queen's Own + Grenadiers are expected in the city today. All main streets are decorated" (363). On July 25, 1885, Dr. Clark starts "for Regina in company with Dr. Roy, Medical Superintendent Beauport Asylum Quebec, to examine Louis Reil [sic], the rebel at Regina, as to his sanity. It is a journey of about 600 miles from Toronto" (363). It is a closed, repressive world, that Clark occupies the margins of. It is not surprising that he is unable to save Riel with his plea.[62]

Occasionally we see Clark's marginal world successfully defending itself, as it does on December 12, 1882, against an Australian alienist named Tucker who had visited and sharply criticized a number of North American asylums. Clark fires off a "Circular" to Superintendents all over the continent. Addressed "My dear Doctor," it warns his colleagues of one Dr. Tucker, Superintendent of a "Licensed House" for the Insane near Sydney, New South Wales.

Clark implies that Tucker has developed a "strategy" to destroy the reputations of insane asylums all over the western United States and Canada. After visiting each one he gives an account of it to the local newspaper reporter that is "almost uniformly" negative. For some reason Clark considers it important to inform his colleagues that Tucker's "charges" are mainly women (129 women and 6 men), as if that were a reflection on his character. He concludes his "Circular" by confirming his solidarity with other superintendents, his "professional brethren," and by excluding Tucker from their brotherhood as neither professional nor gentlemanly.

Clark is especially indignant that one of the Inspectors, O'Reilly, has evidently encouraged and supported Dr. Tucker in his campaign. On April 17, 1883 he visits the Provincial Secretary, the Hon. S. A. Wood, and gives him a "letter from Dr. Tucker implicating Inspector O'Reilly in his assault on this Asylum." Presenting himself and his Asylum as under seige, he asks that the Hospital for the Insane be "transferred to the Inspectorship under Mr. Christie" (251). The intensity of his feelings about being subject to such hostile scrutiny is indicated by his relief on April 21, 1883:

> Got information today informally that W.G. O'Reilly, Inspector, has been removed from the supervision of this asylum on account of his Connection with the Tucker treachery. All the people say: Amen. Inspector Christie takes his place. Jubilate!!! (253)

Dr. Clark gets his way. On April 27, 1883 he is even allowed "to address all my official correspondence to Inspector Christie." The denizens of this closed world used their private access to power to preserve the marginality they publicly chafed at. One cannot very consistently resent marginality and object to political interference, but Clark and his "brothers," not to mention his predecessors and successors, did so and often quite successfully.

Other Realities: "Cases"

(A Letter to the Lieutenant-Governor)[63]

Arthur Casper's "Schedule No. 2" was signed by his father Samuel on September 15, 1882, before Police Magistrate George Taylor Denison. Arthur was 26 years old, a book-keeper by occupation, single (ie. "has not been married"), and childless. He was also "temperate, industrious." Although his father indicated that he was "not able to contribute," the son had received a "superior education," and had been prone to "nothing of a serious nature" before. However, he had been "insane" since February or, as someone saw fit to explain in a different hand beside the original hand-written answer, "8 months." His last attack, which had lasted three months, had not been the first.

Dr. Barrington reports in a hand-written examination that Arthur Casper stated that registered letters to him had been "going astray," in New York and at his boarding house on John Street. He had consequently lost large sums of money, including one hundred dollars in the last letter, that he was convinced had been stolen by his mother. He had confronted her and threatened to strike her and subsequently "placed the matter in the hands of the detective" in the hope that she would be "sentenced to Penitentiary for life" as he felt that she deserved "a severe punishment." However, his only proof of his mother's guilt was that her house had been "newly furnished of late." He spoke of his father in similarly "unfilial terms," calling him a "libertine" and accusing him of driving another son, Charlie, to commit suicide.

The examination by Dr. Collins indicates that Arthur Casper accused some unidentified "other ladies" besides his mother of intercepting his mail. While he does not know "from whom the letters come," he is sure that they contain "hundreds of dollars." Meanwhile he has been acting as agent for Mowat, Fraser & Hardy in their efforts to annex Canada and make the senior partner President of the United States. This would explain that why Arthur Casper assumed that letters from the United States, specifically New York, had gone astray.

The presence in his file Arthur Casper's letter of July 9, 1884, headed "Queen St. Asylum," confirms that at least some of his mail

really was intercepted. The letter is addressed to "The Hon. John B. Robinson, Lieut. Governor of Ontario," whom Arthur Casper invites to "call" on him when he finds it "convenient," to do him an unspecified service which would evidently also save money.

Troping the Asylum

Perhaps Arthur Casper merely wants the Lieutenant Governor to order his release, thereby terminating a confinement that must be costly to the state. That he mentions having written to the Honourable George Ross, Minister of Education, regarding his discharge, suggests that he is writing the Lieutenant-Governor about the same matter. But his use of the passive voice, as in "before any more expense is incurred," avoids stating by whom as well as for what such expenses are being incurred.

Arthur Caspar could equally have been referring to expenses he thought he had incurred through legal proceedings against whoever had confined him and which would cease upon his freedom. That he does not appeal to the Queen's representative in such humanitarian terms as justice and freedom, but on strictly fiscal grounds is perhaps a little satire on the "public-spiritedness" of the age and one of its representatives. However, Arthur Casper was also a book-keeper.

With a similar obliqueness Casper does not directly ask the Lieutenant-Governor for clothes or even indicate that he needed them. Instead he very discreetly asks him to give the "friends who wish to see me" a note. Even these anonymous "friends" he does not solicit, but instead he decorously indicates to the Lieutenant-Governor, perhaps that he might himself relay it in a note, that he would be "glad to have them call with some clothes."

In disastrous circumstances Arthur Casper endeavours to maintain a degree of respectability and even gentility. That his success might not have been so high does not detract from the effort. That he seems to execute such a potentially impertinent appeal with deference and even refinement suggests intelligence if not sanity.

Even his final disappointed comment seems intended to insulate both himself and his addressee from the effects of a rather harsh reality. He does not state that the Governor-General snubbed him, or declined a similar invitation, or that he had even been invited; he only mentions, possibly as a recommendation, that he, Arthur Casper, had expected to see him. It was, after all, under his lieutenant's warrant that he had been committed on October 23, 1882.

Arthur Casper's sister, Mrs. McDonough, writes Dr. Clark from Johnsonville (Quebec?), considering it her duty to ask how her brother was "getting along" and if he was "in need of anything." She includes a greet deal of information about herself. For example, she explains that she has been staying with her aunt, her mother's sister, since May, when she was "obliged" to join her "owing to business arrangements." She has also been ill, though she reassures the doctor that she is regaining health.

She is concerned that a sister in Toronto has "expressed a wish" to look after Arthur, without being able to do so. She cannot herself, thanks to that "arrangement" with her aunt, which requires her to be there, in Johnsonville, repaying a loan for "expenses attending housekeeping" that she obtained when she lived in Toronto.

Finally, after these explanations, she asks Daniel Clark to "ease [her] anxiety" by letting her "know," when he is "at leisure." She explains that she has not been able to get any "satisfaction" from letters which she appears to have sent Arthur, and apologizes for "imposing on your valuable time." Ironically, given his earlier preoccupation, Arthur is still not getting his mail.

Daniel Clark writes in broad pencil below Mrs. McDonough's signature that "Arthur Casper is very much as usual." He reports that the sister in Toronto "comes up almost every week" and attends to Arthur's clothing. He adds that "she seems to be his best friend, if persistent attention counts for any thing."

A letter dated October 26, 1900, is addressed to Mrs. McDonough, now at 18 Grange Avenue, in Toronto. Clark informs her that her brother is "not so well as he has been, in fact ... sinking." A note dated December 13, 1900, and signed "Daniel Clark," records Arthur's death on that day, from "phthisis."

In a final letter to Daniel Clark, Mrs. McDonough expresses her regret at not having been with Arthur "at the last," although she supposes she "could not have done any good." Through one McGuire, Clark had asked Mrs. McDonough's permission to do a post mortem. She grants it, because Clark has been "so kind" to Arthur and his family. She only wishes to know when, so that she can arrange through the undertaker, Mr. Willard, for a private funeral.

(Ever Your Loving Harry)[64]

Harry Blanchard Stewart Palmer is first admitted on July 29, 1882. He was born in Guelph, and is a resident of Prince Albert in what was then the North West Territories. He is 24 years old, though for some reason on his "History" his age is stated as "25 on Oct. 4." Single and childless, he suffers from delusions of being "worth millions" and having "a number of wives"; he has already had at least one similar attack. His "habits of life" are described as "irregular," and the "supposed causes" of his illness are "intemperance and sexual excesses."

Other information indicates that Harry Palmer is unusually well-off and even privileged. The "History" of July 29, 1882 describes him as "well educated." He has an interest in a "trust estate" amounting to from ten to fifteen thousand dollars, a brother in Hamilton and an attorney, Mr. Chadwick, to represent him in Toronto. His file contains such signs of relative luxury as numerous receipts for fruit and a bill for repairs to his guitar.

Under "facts indicating insanity," directly observed by himself, Dr. George Wright lists Blanchard's talking "in the most extravagant manner." The factual content of "extravagant" is never specified, but runs the gamut from the plausible complaint of having been "unfairly treated" and imprisoned in Prince Albert, where he has a "large landed interest," through the more doubtful assertion of his currently prosecuting his

partners for "false imprisonment," to the quite incredible claim of being about to "start for Egypt with a military contingent."

But that some of his "extravagances" are based in fact is confirmed in the section of "facts ... communicated ... by others," where Dr. Wright records the information of Palmer's friends, that "he had had to be confined as dangerous by the Mounted Police." Palmer must have been arrested in Saskatchewan, confined there for a while, and brought back to Toronto. One might wonder whether he had been treated "unfairly," but no one can doubt that, notwithstanding his wealth and privilege, he must have been roughly treated.

The certificate signed by Dr. Barrett repeats some of the above "facts," in particular Palmer's claim of heading off for Egypt, now with the added details that Palmer was organizing the regiment himself, and that his soldiers were to be armed with bows and arrows. Dr. Barrett appears to have enjoyed the benefit of a letter from one (Dr.?) Mulholland, "giving a narrative of his conditions of unsoundness"; it has since disappeared.

A letter from Lawyer Chadwick dated August 21, 1882, accompanied a note from Palmer's brother (lost?) and a copy of a letter to Chadwick from Palmer's mother. Regarding the letter from Palmer's brother, Chadwick assumes (correctly, it seems) that "you look over letters to patients before allowing them to be delivered to them." The absence of the letter suggests that Dr. Lett (acting in Clark's absence) examined it and passed it on. As for the letter from Palmer's mother, Chadwick solicits Dr. Lett's opinion.

The copy of this letter remains in the file. In it Mrs. Palmer expresses her shock at the news she received from Power Palmer about his brother's illness. She had noticed her son's evident "mania" for land in his last letter, and expresses her regret that it might all be lost. She "trusts," indicating some misgivings and suggesting also that Palmer had a history of trouble, that Palmer was not confined because "that sort of thing always had such a bad eff ect on him, & his immense stock of animal strength & spirits required such constant air & exercise to keep him all right." A line has been drawn in the margin beside this passage, as if Dr. Lett read it and took it very seriously.

She attributes her son's illness to a combination of overwork at College and the effect of a serious injury he sustained from a "violent blow" playing hurley. This "seemed somehow to alter the shape of his head" and also accounts for the scarred eye which it "nearly destroyed." His condition seems to have been aggravated by "company that did not suit," which must have been dangerous given his desire "to marry every pretty girl he met."

From the mother's account one gathers the impression of a young man with the dangerous combination of a strong nature and a judgement impaired by organic injury. One must also suspect, probably as a consequence of the two, the onslaught of incurable syphilis. Mrs. Palmer hopes that "some good experienced attendant ... who would also be a kindly companion" in "a healthy country place" might restore her son's health. One might also perceive in the texts themselves the emergence of a tragic opposition between the young man and the open spaces he has such affinity and enthusiasm for, and his destiny of confinement in an insane asylum.

For in his reply to Lawyer Chadwick's letter of August 21, acknowledging his receipt of the copy of Mrs. Palmer's letter, Dr. Lett reacts rather negatively to her proposal: "The kind of treatment which she suggests is at present out of the question." Dr. Lett's argument for confining Palmer is also a defense and a justification, both of the Toronto Asylum and asylums in general: "He must not be taken care of outside of an institution such as this." Palmer's wanting to escape from his attendants only confirms their interest in his welfare, since running away and causing "no want of trouble and anxiety" is how Palmer reacts to "those most interested in his welfare." Palmer's keepers at the asylum must have been very interested, since subsequent records indicate that he eloped almost immediately.

Heading out on August 24, 1882, he got at least as far as Windsor and Detroit. According to a very brief item, cut out of the Globe and pasted onto what appears to have been the hand-written text of a telegram, Palmer was arrested on September 1, 1882 for having seduced "the daughter of a respectable citizen of Windsor." He had taken her across the river to Detroit, made her miss the last boat back, and registered her as his wife at Riche's Hotel. The father was considering prosecuting him for having "ruined" his daughter.

Dr. Lett, who wrote and signed the text of the telegram that was sent to the Chief of Police in Windsor, describes Palmer as bearing a "scar on the globe of the right eye" and wearing a "broad white belt and suit of dark blue clothes." He asks the Chief of Police to notify him if this description matches that of the Palmer arrested in Windsor. A confirmation must have been received only a little later, since a second hand-written note indicates that Dr. Lett telegraphed the Chief of Police that he would send an attendant on the three forty-five train.

Palmer's second "History,"[65] dated July 30, 1884, or almost exactly 2 years after his first, differs slightly from it. Besides indicating Palmer's previous residence in the Asylum, the later form describes Palmer's habits somewhat euphemistically as "active." The correspondence from his mother that accompanies the first history suggests that "irregular" is more accurate. His former delusion of having "millions" appears to have been replaced by a delusion that he is to lead an expedition to the North West. Marriage still figures among his propensities, but elaborated (now rather snobbishly) as "a determination to marry unsuitable persons" and with a greater emphasis on "sexual desire." Intemperance appears to have been eliminated from among the "supposed exciting causes" and replaced by "morbid sexual desire."

Dr. Llewellyn Brock indicates on the first "Certificate of Insanity," under "facts indicating insanity" observed by himself, Palmer's imagining himself in possession of "large estates in the North West," etc. Under "facts ... communicated ... by others," Dr. Brock reports a letter which Palmer had written a hotel keeper in Guelph, asking the latter to purchase ships for Palmer's ranch. Now that Palmer has lived some time in Ontario, there is more information about his activities, such as "racing on the public streets with horses" and, despite his claims of wealth, attempting to borrow money. However, his "principle mania" is to marry someone.

Dr. Theating [?] repeats virtually the same facts as Dr. Brock, and adds under "facts ... communicated ... by others," the opinion of Palmer's colleagues, Stone and Saunders, that Palmer is "unfit to be at large." Lawyer Chadwick writes the next day to Dr. Daniel Clark, the regular Medical Superintendent, enclosing a bond for Palmer's maintenance and promising to pay for any "reasonable expense." He also encloses a letter which Palmer had sent home.

In his letter of February 2, 1885, Lawyer Chadwick reports having talked with Palmer "rationally about various matters," including the "advisability or rather prospect of his coming out" and asks Dr. Clark to "drop me a note on the subject." Lawyer Chadwick volunteer his is own opinion that "his case is plainly a very difficult one" as "he is in fact not sufficiently sane to be out of the Asylum and not sufficiently insane to be in it." Chadwick mentions having discussed with Dr. Robinson the possibility of having Palmer treated at Homewood under Lett's care.

Clark confirms that "Harry Palmer is a good deal better mentally than he was several months ago," but also warns that "he is still ... greatly a child of impulse." In his opinion Palmer's main problem is excessive eroticism, under the influence of which Palmer "when set at large he may contract a marriage on the spur of the moment." Curiously, Clark seems less concerned about the consequences for the woman than for Palmer's marrying "not in keeping with his station in life." However, he suggests giving him a "trial" in the spring, by finding him some sort of physically active employment on the "public surveys" in the territories.

(Palmer's Letter from Prince Albert)

One of Palmer's letters, probably from the period immediately preceding his first confinement, is preserved in his first file. It is addressed to "Gentlemen & Ladies," with a small figure "2" over "Gentlemen" and a similar figure "1" over "Ladies," as if Palmer had thought it more polite to reverse the order. The hand-writing, which is probably Palmer's, is strong and clear, with minor corrections inserted here and there.

It reads rather like an advertisement. Perhaps the most striking thing about it is its enthusiastic tone, and a related tendency to veer off on a tangent, as if the enthusiasm or energy did not come from the subject matter but from something in Palmer himself, and more or less vented itself on the nearest available object. In discussing "Prince Albert" Palmer enjoys identifying the town as the "future capital" of Alberta, "a great division or province." The town has "great physical advantages" from being only 23 miles from the "Forks" from which it can "derive all the commerce it can manage and a great deal more."

With a fervour that almost seems to be a exaggerated parody of "frontier spirit," Palmer describes the two "gigantic Rivers navicable [sic] in a westerly direction." He enthuses over the "thousand miles" of the

South Saskatchewan with its tributaries, the Red and Belly Rivers, and its "continuation" the Boar River. He anticipates the day when steamers like the "Lilly Northcote" and the "Northwest" will navigate the North Branch past Edmonton to Fort Calgary, "at the base of those grand hills the Rockies." Rhapsodizing over the products of the "sub Arctic forest," Palmer digresses to discuss his friend, Alex Loudoun's lost potatoes at Battleford: "his entire crop with the exception of about (12) twelve bushels being `frozen in the ground' he has to thank his own carelessness for that." Even the potato is ennobled by Palmer as "that Irish loved [loved Irish?] vegetable."

The second of Palmer's letter's dates from his second confinement. Palmer begins by asking one "Annie" if she has been lonely without him. Claiming to miss her very much, he expresses his hope of being able to see her in a month, after which they will presumably be married as "we shall meet to part no more in this life." He is so certain that he asks her to "get your truso ready darling."

He rather evasively claims to have been detained "on business" which he will have to conclude before he can see her again. In the meantime he begs her to "keep your spirits love" and remember that "`the course of true love never did yet run smooth'." The letter concludes with a pastiche of similar cliches and sentiments: "your image is engraved on my heart & your name sweet Annie on my arm," "Oh you Daisey," and "you are dearer to me than wealth & I pray that we soon may meet again & never part," etc.

That Palmer expressed himself in cliches, and that he expressed such cliches to many women, does not mean that his emotions had to have been unreal or shallow. Palmer's language acquires a certain pathos given the context: an addressee who almost certainly cared nothing for him and probably barely knew him, and who never received the letter anyway, as it was intercepted and filed away unread till now by anyone save his doctor and his lawyer.

(An Aptitude for Figures)

William Murray Harman's "History"[66] of June 16, 1880 indicates that he was single, a banker by occupation, and 33 years old at the time of admission. This is his first attack, and is characterized by delusions that he is someone else and that "his brother & father are removing his vital organs." While for the last three years he has been an abstainer, he is alleged to have been "intemperate for many years." His father and brother have indicated their willingness to be his bondsmen, and are maintaining him at six dollars per week, the highest rate for "pay patients" at the Toronto Asylum.

The "Certificate of Insanity" signed by Dr. Temple indicates, under "facts indicating insanity" observed by himself, Harman's "excited manner," his "unsound reasoning," his "hideous" manners and "blasphemous" language, and his eating ravenously or not at all. Harman's father is reported, under "facts ... communicated ... by others," to have observed these and other "facts": Harman has thrown things at his nurse, he "swears and curses at him and other members of his Family," he refuses food "for days at a time," and refuses to allow others to wash and dress him.

The second "Certificate," signed by Dr. Spragge, lists many of the same facts, such as Harman's "using foul language," and his not allowing himself to be dressed; he also adds a few more, such as his "passing his water" in bed. Besides most of the above "facts," Dr. O'Reilly records that Harman has attempted at least once to escape through the window.

There is a marked discrepancy between the rather brutal character that emerges from Harman's "Certificates" and the character that emerges from the detailed, four-page history in his file. This document is headed "Private & Confidential -- William." Its William Harman appears to have been what was once described as an "all-round Varsity type": "He received a good education at Upper Canada College and other schools, & as a youth was the best cricketer of his day besides being frequently a successful competitor in athletic games."

Harman also had "a special aptitude for figures" and was expected to do well in business. Initially he did. He went to work for the Bank of England when he was only 18 years old. He progressed so rapidly that in a few years he seems to have become something of a rising star in the banking world: "he was regarded as one of the most rising and promising young bankers."

It seems that at the age of 22, while employed at the Barrie branch of the Bank of England, of which he was expected to become the manager, he began to drink heavily. His "habits of intemperance" lasted "with little intermission" from 1869 to 1877. Harman most have demonstrated considerable ability however, for the Bank did not desert him, and even paid a portion of the expenses when the writer (his father?) sent him to Clifton Springs for the cure. He returned apparently restored, but he almost immediately relapsed. The Bank subsequently sent him to Montreal and elsewhere, hoping that a "change of scene," with new companions, would break him of his habit. When it failed to do so, Harman finally lost his job at the Bank.

In 1873 he went to Chicago. The writer's heavy pen-strokes show how badly he felt things must have gone: "his habits were worse in every way than ever." It seems that Harman's obvious physical energy, and his apparent love of drink and companionship, had contributed to sexual intemperance. He returned to Toronto in 1875: "a sad wreck."

The writer found Harman a job, ironically enough, with a concern called the "Isolated Risk Insurance Company." His habits being only worse, he seems to have been fired soon after. He next worked for the Quebec Bank and the Imperial Bank, in rapid succession, leaving both for the same reason.

After this series of failures, Harman came to the writer in 1877, tired of his "repeated efforts to reform" and wanting to seek help "from a higher source." He subsequently had himself confirmed at St. John's Church and began a life of "absolute & total abstinence." Harman was reinstated at his last job.

In the middle of 1879 Harman's health began to fail: "he suffered from constant headaches and insomnia accompanied by great nervous irritability." He was upset even by the sound of traffic. He

continued to deteriorate even after a five-week rest in a hospital, till in late 1879 he was starving from "a fancied inability to swallow." At Christmas the writer consulted the doctors who eventually signed Harman's certificates: Temple, Spragge, O'Reilly, and Strange.

By New Year's Eve all were anticipating Harman's death at any moment, but he rallied and by January was eating "ravenously" and becoming "fleshy and stout." He was able to dress himself, to dine with the writer, and to take short walks. It seems, however, that his illness had left him partially paralysed. In April he began again to refuse food,

At first he imagined he had a double "whom he termed his `poor little brother'," to whom he offered the food that he refused to eat himself, and with whom he conducted long imaginary conversations "consulting him as to whether he should take the food." He subsequently became violent, in ways that the writer obviously finds painful to record: "the horrible blasphemous & obscure language he indulges with the constant belief that his vitals & _____ have been taken from him by some of us." The writer adds as an afterthought, or perhaps as a means of dulling somewhat the horror of his narrative, the information that until Harman started to starve himself again he read the newspapers and some books and "conversed quite rationally about them." He also adds the news that Harman's marriage plans had been frustrated "on more than one occasion" and that his consequent disappointments had probably contributed to his "subsequent troubles."

William Harman is almost certainly dying of syphilis. The early portion of his history might remind one of Palmer's. Both were athletic young men whose energies seemed to find temporary release in alcoholic excess. Both seemed to overcome their alcoholism only to succumb to syphilis, which was probably contracted from some casual sexual contact, in which alcohol quite conceivably was a factor. Each seems haunted in his troubled lifetime by the spectre of his own unfilled promise, which it is possible to imagine that Palmer acknowledges by claiming western ranches while confined in the walled Asylum on Queen Street West, and Harman by nourishing a fictive "brother" with food that he cannot eat himself.

(A Letter in a Bottle)[67]

The "History" of Herbert Metcalfe[68] indicates that he was admitted to the "Asylum for the Insane" on November 15, 1882, as a "pay patient" at 3 dollars per week, supported by his father. He was 20 years old, single, of "good education," and of the Methodist persuasion. His habits of life had been regular until the present attack, which began three months ago. He believed "that his food was poisoned" and would not eat.

The "Form K" or "Certificate of Insanity" completed by Dr. Ogden has had the printed regulation requiring "the certificates (Form K) of three medical practitioners" amended to read "two medical

practitioners." Under "facts indicating insanity" Dr. Ogden lists "remarkable restlessness," pointless wandering, doubts about paternity, and suspiciousness of friends:

> fancies every friend is combined against him & all are & have been for some years making deliberate attempts to administer to him poison by his food .... Imagines he is not really the son of his parents at all.

Under "facts ... communicated to me by others" he records Herbert Metcalfe's insistence that he not go out except at night, "when he cannot be observed."

In the second "Certificate," Dr. Burns records, under his own observations, Metcalfe's convictions that his family have poisoned his food and generally "conspired to destroy his life. He also records, under the same heading, information similar to the above about Metcalfe's refusal to go out except at night. Perhaps this information was volunteered by Herbert Metcalfe himself, as Dr. Burns appears to have quoted his statement that people were "looking at him." Under "facts ... communicated to me by others" Dr. Burns merely indicates his having received information from Metcalfe's father which "corroborates" the above observations.

A "Probational Bond," signed by Metcalfe's father, indicates that Herbert Metcalfe was released into custody on January 23, 1883.

Herbert Metcalfe's admission file contains a letter by himself, dated November 9, 1882, or about a week before his committal. This amounts to a self-diagnosis considerably more sophisticated than the ones above.

He writes as if to a police detective, or a similar authority, informing him of an alleged "case of poisoning," which he eventually reveals to be his own. First, however, he states some information about his family and himself, such as his father's currently being an employee of the Massey Manufacturing Company in Toronto, and having worked for the same company in Newcastle, where he himself was first afflicted with what he calls "extreme nervousness."

To many readers Metcalfe's symptoms of poisoning would indicate something else. His diagnosis, with its wealth of detailed first-hand information, lends itself to alternate interpretations, unhampered and possibly helped by his entertaining an obviously implausible hypothesis. He becomes the kind of narrator who seems unable to draw the obvious moral from experience that resembles a parable to everyone but himself, to whom it is an utterly different story.

It is possibly significant that Metcalfe is first attacked by his "nervousness" in church. While Metcalfe is primarily concerned with nervousness, he indicates in his description of the first attack a preoccupation with appearances or with avoiding being seen, that to many would itself appear to be a more significant symptom of a worse disorder. His reactions to his symptoms are more significant than the symptoms

themselves, indeed are more pathologically "symptomatic." At the same time, they make the reader self-consciously aware of his own arbitrary role in constituting disease.

Seated near the front of the church, with "very few people ... seated between myself and the Minister," he feels himself "an object of attention" and loses "complete control" of himself. Yet again, the reader might suspect that just as when Metcalfe mistakes significant for insignificant symptoms, possibly from confounding effects with causes, he "mistakes" a subjective for an objective event. The discrepancy between Metcalfe's wrestling with angels and remaining seated before the entire congregation, suggests that little or nothing outwardly happened:

> How I managed to last out the sermon, I can never tell. My eyes I know had a wild maniacal look. I could keep them on no object for a quarter of a minute at a time. I tried hiding my eyes but it was of no use my feature also were beyond control.

That the whole invisible scene transpires within the church, and during a sermon, suggests that Metcalfe is really describing the turmoil of a guilty soul. He naturally feels himself observed because he is in church, and naturally feels there is something to observe, because he feels guilty. That guilt is probably not symtpom but cause in his case is consistent with the immediate aftermath below, and with some of the other details he presents.

Metcalfe asserts that he was similarly affected ever after, but nevertheless finds it "singular" that his sister could not look him "straight in the face." While such inability is commonly associated with shame and guilt, one's inability to look someone in the face could easily be misconstrued as that other's, and moreover such inability could be due to shame or guilt. Perhaps it is no coincidence that Metcalfe has chosen as a pivotal event in his narrative of his case, an episode both highly symbolic and fraught with meeting and capable of deflecting that meaning away from himself. Similarly, that his sister "seemed agitated in my presence," could obviously be attributed as much to his own agitation as to hers over what he suspected her of having done. What might have been a symptom or a reflection of his own disorder, of his own guilt, becomes instead his first real clue as to the guilt of his sister.

Metcalfe describes how, after his first attack, his "nervousness and self-consciousness" discouraged him from going about in public. At the general store where he worked he began to serve only younger customers, avoiding adults from fear of being "noticed." For a year after the family moved from Newcastle to Toronto, he was unable to work at all.

At this point in his narrative Metcalfe introduces a key element, a hitherto unnamed "habit" which he accuses his mother as well as his sister of wanting to "continue" him in. Metcalfe himself seems to connect this "bad habit," which of course is masturbation, to the solitude which, indirectly through poisoning him and rendering him too self-consciously nervous to appear in public, he blames on his relatives. His sister is also responsible in more direct ways:

> I may say that my sister frequently exposed herself in my view, at once showing herself perfectly nude, and yet she never seemed to expect anything in return.

The statement that she "never seemed to expect anything in return" seems to imply that she did not seek sexual intercourse with him, but merely to drive him to masturbation and thereby to madness.

While Metcalfe is able to obtain a "situation" in the city, his "nervousness" increases and he begins to despair, partly because he "cannot account for it." Given some of the ways that wou ld have occurred to the reader by now, it is arguable that there would have been some psychological reasons for the inability to account for his "nervousness." Given that a principal symptom of the disorder appears to be the refusal to acknowledge a great deal of guilt, it is not surprising that he cannot account for it. The failure to account, in the face of all the reasons, appears to be the disease itself.

Metcalfe describes himself avoiding all "public assemblages," sitting always "in some dark corner of the gallery," and often wishing that he was dead. Finally, he had to give his job. Things only deteriorated at home. With his by now customary sensitivity to being seen, he describes how it troubled him that at table his sister always sat where she could see him while not being seen herself.

That fall he fell ill with typhoid fever. He was mainly bothered by a sore throat and, consistent with his hypothesis, diarrhoea. This finally convinced him that he was being poisoned:

> I was thunderstruck. I was surprised I hadn't thought of it before. Naturally I suspected my sister.

The next morning he confronted his sister and ordered her to stop giving him Spanish Flies. Again, her agitation is interpreted as guilt. His mother and his brother tell him it is all "foolishness." Unfortunately, and inexplicably, he told his doctor that he suspected arsenic poisoning, which the doctor informed him was inconsistent with his symptoms. He subsequently tried to board with friends, but was unable to remain away for a sufficiently long test period, because of his "nervousness."

The failure of a subsequent test period, his sister's two month absence in the summer, to confirm his favourite hypothesis, led him to have his father take him to "Dr. Clark the clairvoyant." While Metcalfe is satisfied with Clark's describing his condition "to perfection," he is disappointed that he did not mention poisoning.

Meanwhile Metcalfe began to doubt that his mother really was his mother, arguing that her remarking how much he resembled her when there was not "the slightest resemblance," was only her way of protesting too much.

Metcalfe recounts being interviewed by Dr. Ogden and, a few days later, Dr. Clark. Dr. Ogden said nothing after his initial examination, but he records Clark's remark after his that "this thing will have to be looked into." That, Metcalfe writes, is the last he has heard from them.

Thus Metcalfe's letter is written between examination and confinement. It being superior to anything the doctors obtained from him, it is perhaps not surprising that he asks his unnamed addressee to "send a good doctor well up in such things to examine me, and show him this letter." Despite his plea that it not be made public "at present anyway," it must have been discovered by the doctors, or by the bailiff, seized,

and inserted in his file. The strange qualification indicates that Metcalfe anticipated its eventual release, perhaps because he intended to use it one day against his mother, whom he hopes his addressee will send a detective to arrest, the poison still "on her."

(Asylum Aristocracy: The Chain of Life)[69]

A 51 year old Presbyterian Scottish "housekeeper," Mrs. Highborn had been committed to the Asylum by Governor-General's Warrant on December 30, 1891. Because she was transferred to Cobourg in 1920, and returned to Toronto a few years later, her "Case Notes" and other papers were filed among more recent admissions. She lived with two of her daughters in one of the Cottages. A third daughter lived in the ward.

The "family," as they were called by Dr. Harvey Clare and other authorities, belonged to the Asylum aristocracy. Their presence, especially the almost iconically Victorian appearance of the old lady, must have reminded staff and patients of a time not long ago but made remote by technological and cultural transformation and by the disaster of World War I.

A photograph, done as a post card, shows the old lady with two daughters, who had been committed with her. They are in a greenhouse, probably on the Asylum grounds. The old lady, seated in a wicker arm-chair, is very well-dressed, in a light-coloured dress and a black shawl with a wide lacy white collar. She wears a white cap and white gloves. She is looking directly at the camera. One daughter, more plainly dressed in a long square-checked skirt and a matching top, sits beside her on a wooden chair, a small purse in her lap. She looks towards her mother. The other daughter stands behind them. She wears a black skirt and plain white blouse. She looks away.

Their story also seems oddly Victorian. Her "Schedule 2" indicates that the old lady suffered from strange "delusions," including the belief that "horses are female." She had been admitted to the Toronto Asylum once before 1891, and had been charged with assault. She was probably an alcoholic. At least the "Schedule 2" mentions that she had recently (ie., the late 1880s) "become addicted to the use of liquor."

The "Certificate" (the original signed by Dr. Richardson) indicates that the doctors had difficulty reconciling her "refinement" (the "Schedule 2" notes her "high education") with her conversation. Both Dr. Richardson and Dr. Watson remark (with disapproval) her tendency to discuss sexual matters in front of her daughters, openly and without embarrassment. These matters were troubling, as they included, according to Dr. Richardson, the topic of "her husband and his genital organs," and his sleeping with his daughters. Whether this "sleeping" involved incest or not is not absolutely certain, since the old lady told Dr. Watson that her husband "was unable to do anything; he had no organ; it was much like a woman's parts." She subsequently ignored (or spurned?) her husband when he was literally "dying at her door."

Troping the Asylum

(The Painful Thread of Life)

Some after her committal the old lady wrote Dr. Daniel Clark a note which has been preserved in her file. She begins her rather fragmentary note rather decorously, as one might expect a "refined" and "highly educated" Victorian lady to do:

> I am aware this is irrelevant except perhaps to you in your Profession[,] But my Mind Body or Estate are not my own to preserve or retain where it appears to my mind right or wrong.

In a letter from the Asylum Cottage, dated March 27, 1895, she discusses the events leading up to her committal. Again she begins rather decorously, explaining the reason for the letter:

> Yesterday in your walking visit I did not like to detain you nor could I say intelligently what I need in the presence of other Patients.

What follows is not very decorous. She relates how she asked Dr. Clark to admit her some five months before her husband's death, possibly implying some responsibility on his part for what followed. After he refused to admit her (for what would have been the second time), she returned home where her husband gave her "a small room that contained two single beds."

She admits that "I feared him and through him my family they being so ill." She slept in one bed and her daughter in the other; the husband possibly alternated between them. Fearing her husband as she did, "I could not have remained 5 months in that small space," without "implicit Faith in his Person Mind and Circumstances," especially considering all the persons he brought home with him, who were "singular and unusual."

She finally comes to what she "needs," which is Dr. Clark's "Advice as a Physician." She also argues that merely asking for it, proves a degree of sanity, since she had to have been at least "well enough in mind" to know that she was ill. She describes the symptoms of her illness in great detail.

From head and throat to her heard and diaphragm there was a "painful thread" inside her. It was not mere "fancy," since "a vessel broke somewhere and I bled in a stream as I might at a month [monthly period?] but it was arterial blood and was red not dark or viscous." While this bleeding did not relieve the "thread" it calmed her enough "to bear quietly the scene that through the door I did not see but could hear -- ... the two nights of suffering before the Sunday on which my husband died." The husband lay all that time before her door on a mattress and "it seemed that every breath he drew dragged hard upon this thread." She had hoped that "this thread of life imaginary or real was broken with his life," but it was not. Now she wonders whether she "can ever have any relief from it in applying to you."

(A Large Correspondence)

The nature of the correspondence preserved in the women's file indicates that such writing was not consistently intercepted. The replies to the old lady and her daughters, or as often to the officials regarding concerns the women had expressed to correspondents in England and the United States, indicate that many of their letters made it out, even when the contents were "disturbed" or "disturbing" or, occasionally, "incoherent" and "disconnected."

Perhaps it made a difference that the women's correspondents, principally an in-law in England and the daughter (herself a physician) of family friends in the United States, were alert to interruptions in writing and complaints about conditions. The women themselves, especially the old lady, reacted quite vigorously to any interruption in letters from the outside, or in the regular gifts (sometimes whole trunkfuls of clothing) on which, to judge by their photograph, they depended for their relatively high standard of living and which they managed to use to great effect.

The widow of the husband's only brother wrote Dr. Clark on June 3, 1894 that "I receive from them letters which are very rational & nice in feeling, and they express admiration for the Institution which shelters them." From another letter to the Medical Superintendent, dated March 28, 1908, it seems that the women had complained of "want of privacy at night." The in-law enquired about the cost of a "double-bedded room." Later the old lady complained about their move to Cottage A, although one of her daughters, who Dr. Clark thought lived on a "higher plane" than her siblings, expressed a "decided feeling of disappointment in regard to the change," as Cottage B had been "their home for so many years." When the "difficult" of the three daughters, who lived apart from the others in one of the wards in the main building, died of pneumonia in 1917 (a casualty of the influenza epidemic of World War I?), the grief-stricken women's correspondent received "2 or 3 pages from each of which no sense or connection can be made."

Their removal to Cobourg on August 20, 1920 was not entirely successful. They are described doing "fancy work" and "constantly adding to their own comforts by articles they purchase down town," the Superintendent writes from Cobourg on June 2, 1921. But they feel that "the climate in Cobourg is very bad for them," and the old lady secretly writes Secretary Nixon for a transfer for herself and family, back to Toronto.

The daughter Daniel Clark thought lived on a "higher plane" than the others turned up on Saturday afternoon, when the Toronto Asylum got a phone call from a woman living nearby. The daughter was in her house and would they come and get her? Dr. Clare wrote to ask the Superintendent at Cobourg either to take the daughter back or send the rest of "the family" to Toronto. The family was reunited in Toronto, with (according to the Superintendent at Cobourg, who thought it prudent to warn his counterpart of their imminent approach) "luggage to burn." The contents of this are circumstantially listed, on half a dozen sheets of paper headed, "White Trunk," "Green Trunk," "Cretonne Box," etc.

In 1923 the mother caught erysipelas from one of her daughters. She was 86 and died of the attack on March 22. The daughter died April 1, 1923.

Grim Realities: Abuse[70]

There can be no doubt that patients were abused by staff. Clark reports that on October 4, 1888, Mr. Mannering came to him in his office and accused Nurses in Ward 11 of "using improper language to his wife + slapping her face when feeding her." He sent for Supervisor Wood, and Attendants Scott and Earle, who denied the charge and indicated that, far from being unhappy with her treatment, Mrs. Mannering had given Miss Wood a present. Some attempt must have been made to discredit Mrs. Mannering, for Mr. Mannering is reported to have confessed that "he got all the information from his wife." Clark offers us some of her discourse, second-hand and discredited: "It was quite evident his wife mixed fancies with facts, for he says she told him that when he came she `felt like a whipped cur + dare not speak to him for fear of doing something wrong. She was afraid the nurses might scold her.'" Clark concludes that she "mixed up her morbid fears with every day occurrences," and that therefore "the Charges were unfounded" (135).

Some cases were more concrete. Clark describes what he saw when he went into Ward 6 on the afternoon of November 20, 1881:

> found a patient recently admitted laying on his back on the [illegible]. His name is [illegible]. Supervisor R. McCreary had him by the [illegible] + attendant Eliott had him by the [illegible] + his knee on his chest. This alone [?] might be necessary [?] to secure him against [illegible] but he was "kneeing" his chest with his knee + for this I discharged. There was no necessity for such treatment. McCreary Supr. says that before I came he told the attendant he would report him for it. As McCreary has been always kind with the patients + as I saw no wrong treatment on his part, I gave him the benefit of a doubt with a warning.... (191)

Abuse, like that complained about by Thomas Merton below, could be entirely physical, or sexual as in the Bedson Case, also discussed from various viewpoints below, or the case of Clifford Freeman. On the evening of November 29, 1881, Clark learned that Clifford Freeman, an Attendant, had broadcast spying on two patients, Mrs. Black and Pat Heron, "in blacksmith shop in an improper manner together. He states positively there was no carnal connection." Clark obviously suspects that something improper was occurring, and blames Freeman for neither preventing it nor reporting the incident. "He acknowledges that he stood + watched them for a time + made no effort to separate them until it was evident -- that sexual connection would take place, + then he separated them." Clark discharged Freeman and gave strict orders that the adventuresome Mrs. Black was not be let "out of ward alone" (196). It is interesting that Clark would punish Freeman for conniving at sexual abuse but forgive McCreary for doing virtually the same thing in a case of physical abuse.

Jon Thomas Rowland

(Key-Holes and Fan-Lights: Thomas Merton's Complaint)

On May 15, 1889, Thomas Merton, a former patient at the Asylum for the Insane, writes the Inspectors of Prisons and Public Charities, W.J. O'Reilly and Robert Christie, to notify them of important matters "in connection with the treatment of patients in the Asylum."[71] Merton reports that while a patient in Ward No. 12 he witnessed the brutal abuse of his ward-mates by the Supervisor, Kenned y, and Assistants Rutledge and McCreary.

According to Merton, the three attendants took John Manley and Allan Kennedy into a room from which he heard "faint cries." By looking through a key-hole and the fan light over the door Merton observed as they prepared their victim by "twisting a towel in the shape of a rope & putting it around the neck & tightening it, so that they could not scream." The Attendants subsequently punched and kicked the men, sometimes "standing on the bed so that when kicking these poor fellows, they would reach high up on the body."

Merton also reports how on another occasion he observed as an evidently confused patient from the "Refractory Ward" wandered away from the rest of his walking party and an Attendant "went after him & brought him back and struck him on the head, knocked him down & kicked him in the chest & bowels." He notes, ironically, that it was "wonderful" how careful the Attendants were, not to care for but "to watch the movements of the Doctors" for the best opportunity to abuse their patients. Merton concludes that "from the cunning way in which these attendants act" only a detective, posing as "a supposed lunatic," could catch them.

It is probably important to note, rather than suppose that he is merely acting out a grudge, that Merton appears to be far from totally negative about the Asylum and its staff. He describes the abusive Kennedy's successor, Mr. Arthur Bollard, as "a model man," and expresses his gratitude for the latter's "deep interest" in himself and other patients. He recalls Bollard's starting a calisthenics class which he enjoyed; he only wisshes that "all the attendants were like Mr. Bollard."

However, he does not feel so positive about the place that he can forebear mentioning that he once considered himsself "unfortunate" to have been a patient there. If he now considers himself "fortunate," it is not simply to have been there but to have been there and "to see & know so much as I do now." It is perhaps unclear whether he feels himself more fortunate as a witness or as a survivor; he now appears to have been both.

Merton also takes pains to appear truthful and accurate. He seems rather precise, considering that the events he describes transpired 10 to 12 years. He emphasizes his efforts to give dates and names as "correctly" as he can, and to be "truthful in the details." He characterizes his condition at the time as "all right," except for his intense "despondency or melancholy." However, he insists, he was "quite sharp" in terms of knowing what went on around him. His being book-keeper at Messrs. Kendrie & Co, suggests that his present mental condition is sound and moreover that his character is good if not excellent. As he presents himself there is not now and never has been anything the matter with him that should cause anyone to doubt the truthfulness and accuracy of his statements.

Dr. Clark's reply to the Inspectors' enquiry concerning Merton's letter is dated May 20, 1889 and is preserved in the same file with it. Clark reports that he remembers Supervisor Kennedy as an Attendant of "good reputation" and a "kind man" who "would not be guilty of the cruelties Mr. Merton accuses him of." Kennedy has since retired from the Asylum service and gone into business.

Rutledge's later violent death while working as a guard at the Central Prison is used to imply that he was the sort of man who was more likely to have been the victim than the victimizer. McCreary, at the time of writing the Supervisor of Ward 16, is alleged to be "one of the kindest men in the Asylum." Moreover, the patients alleged to have been abused, John Manley and Allan Kennedy, were themselves never "abusive or violent," so were unlikely to have incited "the cruel attendant" or "the short-tempered one."

Defending the Attendants named by Merton, Clark acknowledges that abusive attendants exist. His implication that the sort of abuse described by Merton might have been provoked by the patients seems to deflect some of the charge of abuse onto the abused. At the very least this argument indicates acceptance if not tolerance of a high level of violence.

Clark's other arguments are perhaps more disturbing. Besides defending his staff in a way that would tend to make any charges against them charges against their patients too, Clark attempts to discredit Merton's letter by attacking its factuality and ultimately. Some of this attack seems trivial, as when Clark denies that Merton could have spied on the Attendants through a key-hole, because "the truth is, no key hole is cut through the door of any bedroom." One might suspect Clark of prevaricating, since many of the Wards had rooms which locked by means of large keys which presumably required equally large holes; even if none of the bedrooms had locks (which seems unlikely), Merton never stipulates that the room he peered into through a key-hole was indeed a regular bedroom.

All this is trivial compared to the issue of Merton's truthfulness. Clark most devastatingly attacks the factuality of letter by implying that it, consistent with Merton's illness, is simply delusional. Ironically, given his need to make his own memories appear more accurate and truthful than Merton's, he appears to have forgotten what Merton really was committed for in 1877. Clark himself is at the very least inaccurate. From Merton's "Case History"[72] and accompanying "Certificates of Insanity," Merton's problem clearly appears to have been intense and potentially suicidal depression precipitated by excessive conscientiousness about large business transactions for which he was responsible. None of his three "Certifcates" indicates a propensity for delusions or inaccuracy of any sort, let alone deliberate misrepresentation and lying. Clark's ultimate response to Merton's letter appears to have been to silence it by invoking a general dismissal of madness as delusional, at odds with the particular's of Merton's actual diagnosis. Or perhaps Clark himself was lying.

("That Bedson Bitch": Alice Bedson, Daniel Clark and a Case of "Erotomania" (1883)[73])

Perhaps one of the most glaring cases of abuse involved a patient, Alice Bedson, and Night Watch McIlroy, whose later escapades are presented from a slightly different perspective below. On June 6, 1885, Clark examined an epileptic patient named McKay and found him "covered with bruises" (353). Convinced "they were not made by his falling or throwing himself against furniture" he understandably suspected an attendant. The Day Attendants deny any knowledge of how McKay was hurt, but Clark suspects McIlroy. In an examination on June 11, 1885, McKay reveals to Clark that "the night watch McIlroy came into his room at night + kicked + beat him with a stick. The wounds showed this + were in such parts of the body as could not be inflicted by his falling on his bed or on the floor. The wounds made by the stick were quite characteristic." Partly because McKay tells the same story to Supervisor Scully and Dr. Robinson, Clark believes him. When confronted McIlroy more or less confessed and begged Clark not to proceed against him. Clark discharged him, "convinced he was guilty of this brutal assault" (357). This was not the last of McIlroy.

On November 6, 1886, Daniel Clark records in his Asylum Diary his having been informed that night by her father "that Alice Bedson, a patient who had recovered & had been discharged on August 31st last, was delivered of a son" (435). For Clark this is "shocking news" (435). The next day, accompanied by the Matron, Nurse Bastedo, he visits her at her father's home at 13 Denison Avenue.

Clark's entry for November 7, 1886 indicates that neither of them was allowed to see Alice on this occasion, though they saw her child. Clark asserts that none of the staff at the Asylum had known anything of Alice's "condition" at the time of her discharge in August. Her own mother appears to have been unaware of it until nearly the moment of birth. Alice herself refused to tell anyone who the father was. Clark urged the parents to let Miss Bastedo alone interview Alice, in order to discover the father and arrest "the villain" (437), as he describes him. He believes the father is "one of our employees" (437).

On November 8 Clark records that he has "sent the government today a full report" about had happened to Alice Bedson. He awaits their decision. The next day he records having sent Miss Bastedo again to the Bedson home, with a five dollar gift out of his own purse, to "relieve their wants" (439). Giving this family in "destitute circumstances" some of his own money seems to have been his way of making amends for what he believed a member of his staff had done to them.

Exactly one week after the first entry, Clark reports receiving letters from Alice's physician, Dr. Hagel, and her father, William Bedson, informing him that Alice had "sufficiently recovered from her confinement to be able to make a confession, were she so inclined" (439). Clark immediately dispatched Miss Bastedo, "to interview the patient" (439). Though Alice initially denied knowing who the father was, she finally made the following statement "to Miss Bastedo alone and afterwards to both Miss Bastedo & Dr. Hagel," which Clark copies into his Diary from Dr. Hagel's original:

> Owen McIlroy evening of Attendants' Ball. He followed me downstairs and crowded me against the door using me roughly. Also in the milking shed. Pulled me over on a pile of straw. This occurred a few days after the Ball. Think on the Sunday following. He used violence on both occasions. These were the only times. No other did likewise.

Clark explains with a "Vide Supra" that "Attendants' Ball was held on January 22, 1886" (441), or approximately when Alice's child would have been conceived. He also explains that Owen McIlroy had been discharged by him "some time previously" (441), but had been invited back for the Ball by his sister, "a cook in our kitchen" (441).

The next day (November 14) Clark reports that Miss Bastedo has gone a third time to the Bedson home and obtained a fuller statement from Alice, consistent with previous ones. On November 15 Clark reports sending this "confession," and his own statement identifying Owen McIlroy, to Inspector Christie. For the first time Clark adds the reason for McIlroy's discharge on June 11, 1885: "cruelty to a patient" (443).

Clark's eagerness to apprehend McIlroy is seen in his obviously intense impatience at discovering late in the evening of November 15 that the Inspector had been out of his office all day and consequently had not received his mail. Clark then went directly to the Provincial Secretary, the Hon. William Handy, who advised him to see the Deputy Attorney General. Unable to locate this official as well, either at his office or at the Parliament Buildings, and unable to find his home address, the persistent Medical Superintendent resolved to "take the matter into my own hands, lest in these delays the guilty party might escape" (443). He records that at 9:30 P.M. he drove to the residence of the Police Magistrate, Colonel Denison. With the Magistrate's letter in hand, Clark proceeded to Station Number One on Court Street, and ordered a detective to arrest McIlroy, which he did shortly after midnight, at his father's house. At Police Court the next morning Clark laid a "formal information" against McIlroy.

(Clark's "Information")[74]

Clark swears that he knew Alice Bedson when she was an inmate of the Toronto Lunatic Asylum, from her admission in June of 1883 to her discharge in August of 1886, "sufficiently recovered to be at large." He emphasizes that in January, or in other words at the time of the assault, she was "comparatively improved." He confirms such facts as having seen Owen McIlroy at the Ball, and having seen Dora McIlroy ill and in bed that same evening.

For the first time Clark indicates that he attributed her "insanity" to some kind of sexual disorder, specifically "erotomania." Clark insists that this would "not affect her memory to any extent," and that in such cases "the patient is not subject to delusions in that direction." His language indicates that she might have been subject to sexual delusions and fantasies. Such a diagnosis appears to reflect the same symptoms that led William Bedson to indicate "menstral [sic] difficulties" on her admission form. It would also be consistent with the "inclinations" that Clark suspected her of and later indicated to the Evening News. Clark fails to explain precisely how Alice's delusions and fantasies would not involve memory, especially when recalling some explicitly sexual episode; perhaps there really is not satisfactory explanation. Clark's texts appear to expose him in an equivocation.

Alice's Admission File contains copies of the "Schedule 2" information form, the original of which appears to have been completed by Alice's father, William Bedson, prior to her committal in 1883. It also includes copies of statements by two medical doctors, dated respectively June 4 and June 5, 1883, the original "Transfer Warrant," dated June 11, 1883, and finally the "Warrant of Discharge," dated August 26, 1886.

There is nothing pertaining to Alice's subsequent trouble, except a copy of the "Plan of the Principal Story" attached to the top of the file. Someone has drawn an "X" over a room in the "Corridor for Female Patients" and a line from it leading into a stairwell. The "X" was probably drawn by Daniel Clark to indicate the location of the cook, Dora McIlroy's room on the floor below. The line would then indicate the route of Alice Bedson and Owen McIlroy, into the stairwell where he was alleged to have assaulted her. Finding it now is rather like looking for buried treasure, and stumbling instead upon the plans for how it was stolen.

Alice appears to have been committed under a Lieutenant-Governor's Warrant. On her "Schedule 2" form her "insanity," which seems to have manifested itself in "uncontrollable" behaviour, including an attempt to drown herself in the bay, is attributed to "menstral" [sic] difficulties. She is supposed to have been insane for about four years, although she was previously temperate and industrious, etc. When the form was completed in 1883 she was twenty-one years old.

The first doctor to examine her in gaol indicates that she had more than once attempted to drown herself in the bay, that she talked "in an excited manner," and was restless. She wandered about the gaol and laughed "foolishly." She had evidently been interested in the doctor's scarf pin, and had tried to remove it. While the second doctor agrees that Alice was "garrulous," he asserts that she had a good memory and spoke "connectedly." This doctor evidently solicited more personal information than the first, and records that Alice had told him that she had been abused by her parents on account of a fortune which had been left her by will. She had been removed from the river on Saturday or Sunday, where she said she had been bathing; she explained that she had not removed her clothing out of modesty: "She says she went in up to her neck and then ducked her head under the water for a bath."

Such information could not have helped her case against McIlroy. Though Clark would have known as much, he might have been forced to mention Alice's alleged "erotomania" as a kind of forestalling action, or as an explanation of Alice's still being confined in January of 1886 and a rebuttal of the charge that she was insane at the time of the alleged rape: she was "kept in the institution longer perhaps than was absolutely necessary, for fear that she should get into bad company." Finally, he might have mentioned it simply because it had already been alluded to in Alice's file.

Clark finally examined Alice himself the next morning, especially on those points he had already dwelled upon in his "Information." He almost appears to be covering himself, or corroborating his own testimony, albeit retroactively. Perhaps he really wanted to make Alice's case as strong as possible, at the same time he must have felt constrained by her problematic and value-ridden diagnosis. At any rate he

writes in his Diary that he found her sitting up, both her mental condition and her memory "good" (445). Alice confirmed her previous statements to Dr. Hagel and Miss Bastedo, and added some interesting details, such as McIlroy's surprising her in the cow shed, and even some dialogue, such as her threatening to "tell Lizzie" (one of the dairy maids), and McIlroy's replying "I don't care for Lizzie. You won't give me away" (447). Clark asked what he must have felt she would only be more pointedly asked by McIlroy's lawyer. Alice explained that after her work she had been afraid to tell and that "she would not marry [McIlroy] as she did not like him and never did" (447). Clark indicates that he felt satisfied as to the truth of her statements. Unfortunately, as he might have suspected, their legality, or force in a case of alleged rape, would prove less satisfying to the Judge.

Miss Bastedo visited Alice a fourth time on November 22, at her father's house on Denison Ave., and found her "suffering from a sore breast" (447). While Clark does not say so, it is obvious that Alice's case, which had originally been remanded to this day, has been postponed because of this illness. Clark must have sent Miss Bastedo to find out what was wrong. On November 26 he writes that the case has been postponed yet again, because of "incapacity to appear according to evidence of Dr. Hagel, her medical attendant" (447). Clark's phrase seems to indicate physical as opposed to mental incapacity, the latter being something he tends to de-emphasize if not deny, from a desire to support Alice's testimony and have McIlroy punished. Clark reports visiting Alice himself on November 26, and expresses his agreement with Dr. Hagel.

("Infamous": The Evening News Reports on November 16, 1886)

The Evening News presents the incident with a large one-word headline on the front page, "INFAMOUS," followed by a series of smaller-type, but equally melodramatic phrases: "A Terrible Crime Brought to Light," "A Scoundrel Takes Advantage of a Girl's Madness," "And Criminally Assaults Her in the Asylum, " "She Bears a Child and Makes a Confession," and "Arrest of the Alleged Author of Her Ruin." "A girl's madness" combines the vulnerability of being a woman, a young woman, and mad with ideas of innocence and possibly even temporariness which make McIlroy's assault look all the more unchivalrously "advantageous." The Asylum appears simultaneously as a place of refuge and a place of darkness and horror. As a refuge it makes McIlroy's violation all the more dramatic; as a place of darkness it serves as a foil for Alice's subsequent revelations.

Yet the content of the article suggests a more penetrable space. One might wonder what kind of histories the writer refers to when he observes that the case is "probably without a precedent in the history of Toronto institutions," since even the Annual Reports mention instances of abuse among patients, suicides, murders, and elopements. However, he immediately glances at another body of lore, better acquaintance with which might have made Alice's adventure less surprising:

> For several days there were ugly rumours current on the streets as to the treatment experienced by an unfortunate young girl confined in the Toronto Lunatic Asylum, but it was not until a late hour last night that any definite statements were made. It was

> indefinitely hinted that a girl named Alice Bedson had been outraged while she was still a patient in the Asylum, and that a few months after she had been discharged from the institution as cured, she was delivered of a child, but those who had any knowledge of the management of the institution were loth [sic] to believe that there was any foundation for the reports.

Many might have known fairly soon of Alice's delivery. In his Asylum Diary Clark indicates that the father told him. Miss Bastedo would subsequently have told a few colleagues, after which the story would have been quickly spread throughout the Asylum, if it had not been already. It also seems quite possible that Alice's neighbours knew about her delivery, and even some of the Asylum staff, such as McIlroy's sister. If rumour had really been as rampant as the writer for the Evening News suggests, some people must have known about the matter for months. The last sentence above certainly suggests that some people knew about it before Clark.

Consistently with the headlines, the writer emphasizes Alice's vulnerable haplessness, her being not only a girl but unfortunate. Perhaps inadvertently the writer makes an ironic connection between Alice's "treatment" by McIlroy and the treatment she should have had from the hospital staff. His reference to her having been "confined" is similarly negative. The lines could easily precede a depiction of a more systematic abuse, rather than the rather luridly painted episode that follows. Indeed, their effect is to connect the episode to the Asylum as possibly more than an aberration and to situate it, perhaps somewhat exploitatively, in what might aptly be called contemporary asylum culture.

The reporter offers some new information about Alice, in particular that she had already been known to the police before the McIlroy business. Some five years ago communication had been sent to a newspaper, that she was being abused by her parents; Inspector Newhall had gone with a reporter to her parents' home on Alice Street, where Alice had been found in an upstairs bedroom, physically sound but mentally "quite insane." Her father had explained that "her brain had been affected for several months." A few weeks later Alice had been committed to the Asylum. She had subsequently been released as cured, but three years ago had had to be readmitted on a relapse.

Owen McIlroy had been employed as a keeper in one of the wards, and subsequently discharged as not "very favourably thought of." However, because of his connection with his sister, a cook in the Asylum, he had frequently visited the place and, according to the reporter "had many opportunities of speaking to the inmates." He implies that Alice Bedson was among them.

The writer describes the rather sordid transaction between Alice's physician, Dr. Hagel, and a reporter who had gone to his office at 387 Queen Street West. While her doctor had initially declined to give any information as "he had no right to discuss the affair, as his connection with the case was purely that of a professional man," he admitted to having in his possession a copy of Alice's confession. He had again declined to show it, but indicated that "a $10 bill might influence him." This confession is the same one that Clark had copied into his Asylum Diary. It is accompanied by Dr. Hagel's explanation, and his reiteration of Alice's explanation that she had not complained earlier because she had felt too ashamed.

Troping the Asylum

In a portion of the column headed "Dr. Clarke's Statement" the writer reports that Clark was interviewed Monday night, when he expressed his conviction of the truth of Alice's statements. The writer reiterates, as from Clark himself, some of the details of McIlroy's employment mentioned above. According to Clark, McIlroy had been discharged on June 11, 1885, for "brutally ill-using a patient." He had obtained an invitation to the Attendants' ball from his sister, a cook in the Asylum.

On this occasion Clark described Alice's illness as "a mild species of melancholy madness." This seems inconsistent with the explanation that she was confined because she was

> a strong, well-built girl, and had been kept in the institution longer perhaps than was absolutely necessary, for fear that she should get into bad company, as it was suspected that her inclinations would lead her in that direction.

Clark hints at a combination of physical attractiveness and promiscuity that could not have helped Alice's character in rape case.

That she was so "strong and healthy" accounts for her working in the kitchen and the milking house, where she "got on friendly terms" with the cook, McIlroy's sister. In explaining how Alice would have had contact with McIlroy at the Ball, on January 22, 1886, Clark sheds some light on relations between patients and staff at the late 19th-century institution. Alice's relationship with the cook and other members of the staff with whom she worked, in the kitchen and the milk-house, seems to have earned her certain privileges, including the right to witness the Ball, although patients were not normally allowed to attend. On learning that the cook, McIlroy's sister, was ill, Alice and McIlroy left the Ball together to visit her in her basement room. On their return to the ballroom they entered a passage to the upstairs flat, where McIlroy closed the doors behind them and assaulted Alice. McIlroy assaulted her again four days later, in the milk-house, probably in a stall at the far end of the building.

At some point (for example, in the middle of the second column, where one reads, without quotation marks, "A day or so before the birth of the child the matter was communicated to me, and I at once took steps to investigate, etc.)" the narrative shifts from third to first person, as if the writer was using a text prepared by Clark and had only imperfectly revised it. The version here, in which Clark appears to have asserted that "A day or so before the birth of the child the matter was communicated to me," is slightly inconsistent with the version in Clark's Asylum Diary, where he indicates that the news was communicated to him by the father immediately after the birth -- and as a complete surprise to Clark. Similarly, in the newspaper version Clark appears to have directly interrogated Alice, and to have sent Miss Bastedo only when he had been unable to elicit any information himself; in fact, or at least according to the Diary, Clark and Bastedo together attempted to see Alice together on November 7, and were not allowed to see her. On November 13, Alice revealed the identity of the father to Miss Bastedo, Dr. Hagel, and others. In his interview with the press, Clark obviously defended himself and his staff against any blame. This portion of the article concludes with language that sounds like Clark's own:

> The facts of the case are sufficient to exculpate the Asylum officials from any blame, as the strictest supervision is maintained in every department, and the whole blame lies at the door of a dirty rascal who took advantage of his knowledge of the institution and his visit to it as a guest to commit a villainous outrage.

(Alice Testifies and Justice Cameron Notes)

Alice testifies that McIlroy entered the room where she was visiting with the cook, Dora McIlroy, followed her upstairs, "pushed me against the door ... pulled up my clothes and had connection with me." She describes a second, similar assault in the milking barn. While she tried to escape, she did not scream "because he stopped my breath." Alice must have been asked how else she resisted, because she adds "I don't know how my hands were when he assaulted me." Detective Henry Reburn recounts that when arrested McIlroy told his mother "I suppose it is that bitch of a Bedson."

Police Magistrate Denison comments that he did not cross examine Alice Bedson because "I stated that I did not believe a jury would consider that she really resisted." While he is not very confident that Alice has a case, he commits it for trial because he feels "there is some evidence that she was not mentally capable of giving consent."

Judge Cameron's notes of January 22, 1886, indicate that Clark tried to make a case for Alice's mental competence by arguing that, although "after the mania ... her mind would be weak," many such patients "know right from wrong." He also explained that Alice suffered from erotomania:

> Alice Bedson was at liberty to go about but under observation. She had acute mania -- great excitement & want of control over herself -- erotomania -- nymphomania -- is a derangement of the genital organs. (131)[75]

Surprisingly, considering the emphasis Clark had placed on patients not being allowed to attend the Ball, Alice admitted that she "danced with some of them," including McIlroy. Alice recounted how the latter followed her from the cook's room into the stairwell, got behind the door, and "did what was not right" (132). She also stated that while she did not want to let him, she was unable to escape or cry out. However, immediately after the assault she proceeded on her way, returned to the Ball, and danced some more. Later she had supper as usual. She admitted to seeing McIlroy and even dancing with him on subsequent occasions.

From such notes it would seem likely that Judge Cameron inferred from Alice's dancing later that evening, and with McIlroy on subsequent occasions, that she must have either consented to sexual intercourse at the time or at least not resented or resisted it very much. Alice's acting as if she had not been raped sufficiently argues that she really had not been raped to warrant McIlroy's discharge with the verdict "not guilty."

The writer for the Evening Telegram of January 15, 1887, states that Clark explained to Mr. N. G. Bigelow, McIlroy's lawyer, that Alice suffered from "erotomania" and that "no person with it is mentally chaste." One might wonder whether anyone else would be "mentally" chaste either, or how "mental chastity" could be proven or, for that matter, denied; nevertheless, such testimony seems to have damaged Alice's case. Her soft-spokenness is taken as a confirmation of the "mental enfeeblement" Clark had attributed to her. The writer reports that after she stated that she had danced later that day with McIlroy, and on subsequent occasions, Judge Cameron informed Alice's lawyer that if he had no stronger evidence he would direct an acquittal. He then did so, on the grounds that Alice had made no complaint or outcry, that the act appeared to be voluntary, and that the "immediate complaint is necessary to establish a charge of rape." The newspaper account concludes with a rather glowing depiction of the McIlroys:

> [McIlroy], who was composed during the terrible ordeal to which he was subjected, at last broke down when as he left the dock his sister and mother reached out over the railing, warmly grasped his hand and kissed him; then his father, an old white-haired man, with brimming eyes and a face whose every line was one of joy and gladness, grasped him and also kissed him.

On January 10, 1886, Clark merely records his having attended Assize Court that day with the terse observation that the case "did not come off." The next day he reports that he interviewed with Mr. Jissing, Queen's Counsel, whose opinion, that "there is no law to meet the case and ... the scoundrel must be discharged" (457). The Charities Act would not "meet the case" as it addresses only "Idiots & Inebriates" (457). On January 15 Clark reports the discharge of McIlroy from court, with Judge Cameron's comment that it did not mean that McIlroy was innocent but that he had not committed rape, as "the girl gave her consent although a lunatic" (457). Clark's emphasis seems to imply that both things could not be true; by virtue of being a "lunatic" Alice would have had no consent to give. Clark concludes, with a heavy stroke of the pen, that "law is an enigma."

Clark's seeming frenzy to apprehend a culprit, and his near certainty that the culprit would be a staff member appear to be related. The frenzy could be attributed to guilt, and a generalized guilt over conditions at the Asylum is indicated by Clark's assumption. It is as if by pursuing McIlroy, Clark performed a kind of expiation for other things he knew about and recorded in the same Diary, but which he also knew would never be as public as this case.

The role of unofficial sources, such as gossip on the street, and even anonymous complaints, suggests some of the rich lore surrounding "madness" in the period, and the contemporary fascination with the same. Perhaps related to this is an unofficial "relaxedness" if not laxity about allowing non-staff or former staff, even formerly abusive and discharge staff, to visit the premises, and apparently even to freely mingle and converse with patients. The patients themselves appear to have enjoyed some "freedoms," or rather to have earned them; at any rate they exercised them. It is ironic, but perhaps indicative of the complexity of

the relationships between patients and staff, that the event which precipitated Alice's assault by one member of the staff, was her solicitude for another, the assaulter's sister.

Clark's public testimony to the press tends to differ from his testimony to the Police Magistrate and the Court. It is only before the latter two that Clark, as duty requires, offers a more specific diagnosis of Alice's mental disorder as "erotomania." To the Evening News, for example, he describes her illness more evasively as "melancholy madness," while offering some veiled hints at its sexual nature. These hints, such as Alice's being a "strong, well-built girl" with vaguely related "inclinations" which might lead her into "bad company," could refer to nothing more sinister than Alice's being a healthy young woman with a normal sexual appetite. That this condition might lead to trouble is more a criticism of the "bad company" or of general society than of Alice, and it is perhaps a moot question whose "inclinations" might not -- potentially -- lead them into trouble.

The real issue would appear not to be Alice's inclinations, but Alice's immaturity and simplicity in a wicked world. Yet from the notes of Justice Cameron, and from newspaper commentary subsequent to Clark's lengthier diagnosis, it is clear that the arbiters of public morality find plenty the matter with Alice herself, locate the source of the wickedness that was done to her in herself, and to an astonishing degree with things in herself that in any "normal" woman would be virtues. The "fact" of her madness places a kind of minus sign in front of all her human values.

General Observations: Authorities Confined

Clark's Diary shows how his authority constituted and defended itself, how its jurisdiction at some times overlapped, at others competed with others -- often unsuccessfully. In particular it interacts with the press and the law. Like Workman, Clark was capable of saying different things to different audiences, but unlike him he often seems to have said the wrong thing in any case.

The inconsistencies by which Clark's authority constituted and perpetuated itself are naturally more apparent here than in his Reports. So too is the harsh reality of the Asylum, the starkest foil for authority's inconsistencies, and against which he had constantly to exert himself -- without ignoring it, as that would have the adverse effect of detracting from his own importance, but also without noticing myriad things about it that would only expose his limitations.

All around the peripheries of Clark's authority are the variously dissenting authorities of his patients: maintaining scraps of dignity and decorum in distress, chafing at confinements, complaining, eloping. Many of Clark's patients' texts recount their encounters and subsequently convoluted dealings with authority, as well as long histories of defiance or at least deviancy, as they "authorize" themselves to draw conclusions and point morals radically different from those of the authorities and possibly ourselves.

Clark's response to Thomas Merton's disturbing letter shows how the Medical Superintendent could distort or misrepresent a diagnosis in order to deny a patient's authority, but his texts in the Bedson case reveal how the "authorities" themselves could be trapped by the implications of their own diagnoses. Clark's frustration is directed at the "enigma" of the law, but the law has merely exploited the inconsistencies -- and indeed, injustice -- of his own pathologizing. Once demystified, law's "enigma" is merely his own double standard. It is perhaps characteristic of the kind of authority he represents and expresses that he can fault the mystifications and ruses of other authorities without so much as noticing -- or at least appearing to notice -- his own.

(The Obsolete Asylum)

As early as 1876 Clark reports attending "sittings of the Association of Medical Superintendents of Asylums held at Philadelphia on June 9th, 10th, 11th, 12th, and 13th" (210). His visits on this occasion, to asylums at Washington, Baltimore, Philadelphia, New York, and Utica, seem to have helped him not only to establish standards at his own institution but also to characterize it more effectively. By now that distinctive character which Clark later asserts asylums generally acquire, that strangely hypertrophic yet stunted personality first indicated in Workman's reports, has coalesced and hardened.

While in its administrative arrangements the Asylum is the equal of any of its "energetic and intelligent neighbours" (210), and in its external physical arrangements it is superior, the qualification is important; internally it is inferior in its cooking ranges, its laundries, its ventilation, and even in its "bedsteads, bureaus, carpets, sofas, pictures, statuary, apparatus for amusements, gymnasia, &c." (210). Characteristically avoiding the wholesale and heroic-sounding denunciations of state parsimony of Workman's reports, Clark concludes "much remains to be done" by the Ontario government to bring its spending to par with that of states no wealthier. Obviously most of Clark's energies, and certainly those of the staff and the clients who do most of the hard labour, are directed at redressing these internal deficiencies.

Despite their best efforts, by 1891 the negative pole in Clark's discussion of different asylum plans is represented by his own "Asylum for the Insane, Toronto." In the report for 1891 a section on "Detached Buildings for the Insane" is preceded by a section on "Deaths," as if to suggest that the design and organization of asylums is no less than a matter of life and death and that the design of his own Asylum might now be almost as lethal as the diseases it was intended to cure. Small detached buildings facilitate,

> better ventilation, the isolation from one another, the access to more sunlight and fresh air, the better classification, the greater facilities to get out of doors, the removal of the noisy, filthy and epileptic from the quiet and decent. (1891, 6)

They resemble the cottages in the grounds of the Toronto Asylum, but not the Asylum itself, by implication one of the "monuments of architectural folly" that he castigates. He quotes from the Annual Report of the State Board of Charities of New York on the opposition of that body to state expenditure on enormous buildings, not for accommodation but "concentration of the insane ... local ornament and impressiveness" (7). The report reflects the growing consensus that "great buildings of prison-like structures, even of stately grandeur" merely facilitate "the herding together in large numbers of those afflicted with insanity" (7). Such "construction" is enormously expensive and wasteful, since in the finished building shelter alone will cost $2,500 per patient. To accommodate a citizen in an average family dwelling costs only $400 per year.

Most of the fairly typical report for 1892 consists of excerpts from earlier reports. Perhaps Clark is becoming lazy, or perhaps he is simply too busy to bother. It is slightly unsettling to find last year's achievement listed under this year's, and in last year's words. Thus, in the report for 1890 he celebrates how, "since that time [ie., the murder of Hector McDonald in 1889 in an over-crowded refractory ward] all the dormitory doors have been left open at night" (40); three years later, he celebrates how the same wonderful doors, "for nearly three years ... have been left open at night" (6). Nothing else had been done to relieve the terrible over-crowding of the chronic patients.

In an era marked by change and improvement in the mental sciences no less than everywhere else, the Asylum is considerably less modern and "improved" than he would like. His rather cynical vision of it seems consistent with the way he sees mental health, as a painfully accumulated sum of differences between an innate improving force and a dead weight of hereditary taint and weakness. The Asylum itself seems not unlike one of the over- strained machines of Clark's analogizing. A "screaming locomotive" was his favourite vehicle for the dangerous forces mankind had to control to "progress." He would have derived it from his experience of the same as they disturbed the Asylum night[76] and dramatized by their alarming proximity the loss of at least one thing "asylum" meant.[77] Without proper regulation the train would go off the track or simply break down. Something like the latter fate seems to befall mental health care at the Toronto Asylum.[78]

5 C.K. CLARKE'S "INDIVIDUAL APPROACH": THE VIRTUAL ASYLUM (CIRCA 1905-1920)

> you will [be] in the hands of Justice before many minutes go by [and] ... mighty sorry you have abused me for you will hold a swell position as prisoner & occupying a cell in the Central Prison[.] [T]here you will have to work for your living you will then repent of your sins by Heaven you will.
>
> Miss Stein, 1911.

Published on the occasion of the Canadian centennial and the recent completion of the Clarke Institute of Psychiatry, Cyril Greenland's encomiastic pamphlet on Dr. Charles Kirk Clarke is prefaced by M.B. Dymond, M.D., then Minister of Health.[79] Dymond sees no inconsistency in praising Greenland's subject, Dr. C.K. Clarke as apolitical, except when he had "to harass busy politicians in order to provide better care for the mentally ill." The exception is considerable, given how closely Clarke worked with the nation's elite to control a perceived plague of mental degeneracy from soldiers, workers, immigrants, and women. Perhaps Dymond would have approved of Clarke's stigmatization of the staff at the Hamilton facility as "an immoral and uncontrolled rabble" (9).

Clarke's apolitical politics are equally dear to Greenland, who, nearly thirty years later, begins an essay, "Origins of the Toronto Psychiatric Hospital,"[80] with a similar statement of Clarke's disdain for politics, conveniently (and inexplicably) exempting Clarke's own "political connections and considerable know-how."[81] This essay appears, incidentally, in a volume edited by Edward Shorter, which the latter introduces by celebrating the end of Marxism and the dawn of a new class unconsciousness in medical history.

Greenland glosses over the political career of Clarke's father, the Honourable Lieutenant-Colonel Charles Clarke, a reform leader and former speaker of the Provincial Parliament. Greenland's conclusion, that C.K. Clarke's "antipathy to politics and politicians was, perhaps, inevitable" ("Origins," 21), follows from a faulty generalization, and is not born out by events. Colonel Clarke was a long-time friend and political ally of Joseph Workman (one of Colonel Clarke's daughters married one of Workman's sons) and it is through this connection that C.K. Clarke, in this regard not unlike Workman himself, became the latter's clinical assistant in 1874-5. Subsequently Clarke assisted Dr. William Metcalfe at the Rockwood Asylum in Kingston, his brother-in-law and himself a Workman disciple. Greenland paints an idyllic picture of the pair, finally free from ignorant rabble below and lay dictators above, "to test the theories they had so often discussed and ... to realize their ambitions in this new and important field of medicine called psychiatry" (9). The idyll is shattered on August 13, 1885, when they are attacked by a patient, Patrick Maloney. Metcalfe dies of his wounds, but Clarke defends himself successfully, thanks no doubt

to his pioneer stamina.[82] Clarke succeeds his brother-in-law, as Medical Superintendent of the Rockwood Asylum, Kingston.

Troping the Asylum

Greenland's "Origins of the Toronto Psychiatric Hospital" is essentially a rather misleading and, in historian Thomas Brown's sense of the word, "Whiggish" history of the development of the contemporary Clarke Institute.[83] What Greenland calls "a tortuous path" (19), is so convoluted that one might suspect him of having tangled the "paths" of several projects begun with very different motives. Seeing these as one "path" and that a "progress" leading to the unqualified success in the creation of "a world-class psychiatric centre" is what makes Greenland's account such an egregiously flawed example of this kind of history. One effect of it here is to merely reproduce, or even to reinforce Clarke's own rhetoric, first by heroicizing his militancy as the "stalwart" leadership of an intrepid band of pioneers, second by practising Clarke's own rhetorical sleight of hand whereby measures are proposed in the name of people and institutions, and in the name only. Greenland characterizes Clarke's clinic as the "linchpin of the new mental health system" (21), a part of "the move from asylum to hospital" (22). If so, the only wheel it held in place was on Clarke's juggernaut. The vast majority of chronic patients, of "defective immigrants," of "degenerates," of "feeble-minded women," of "high-grade morons," to name but a few of Clarke's betes noires, the poor and the working poor, went nowhere. They were sacrificed.

Dr. C.K. Clarke was born in 1857 in Elora, Ontario and died in 1924 in Toronto. He became Superintendent at the Toronto Asylum in 1905 and resigned in 1911 when he became Superintendent of the Toronto General Hospital. In 1908 he became a full professor of psychiatry and Dean of Medicine at the University of Toronto. His career was marked by a long struggle to establish a psychiatric hospital, establishment of the first psychiatric clinic in Canada in 1909 (more precisely an out-patient service), and the formation of the Canadian National Committee for Mental Hygiene, with himself as Medical Director in 1918.

The changes which his career describes, the collaboration of psychiatry with psychology, the dissemination of psychiatry into the community, through schools, clinics and general hospitals, and finally its nationalization in the form of the Mental Hygiene movement, represent for Clarke what he calls "emancipation from asylum life" (1140).[84] Clarke stresses the greater experience this "emancipation" offers, but it is apparent that this emancipation for the doctor has other implications for his patients, as with this greater experience comes greater control and power over the patient's entire life, literally from birth to death. It amounts to the transformation of the "aloofness of psychiatrists shut up within the walls of custodial institutions" (1140), into a more outward-looking militancy as Clarke urges psychiatrists to become "aggressive leaders ready to show their mettle in a great cause" (1140). The following pieces dramatize how Clarke and his colleagues and successors attempt at once to enlarge and disguise his authority, emancipating it from the old asylum of brick and mortar and lunacy, and erecting in its place the "virtual asylum" of mental hygiene.[85] Clarke's writings on the subject are intriguing, not just because of their depiction of his pivotal role in the process (the last of the "great" Asylum doctors, the first of the psychiatrists), but because of the divided allegiance, nominally to the Asylum and other institutions like it, but in reality to something that, intentionally or not, would eclipse it.

Clarke's single most important innovation at the Toronto Asylum was what he termed the "individual approach," which he promoted in some of the works mentioned below -- and practised, either personally or through his lieutenants and succeors, in the following "cases" at the Toronto Asylum. In practical terms

this meant that, beginning in 1907, more information than ever before would be gathered -- and would accumulate -- in an individual patient's file. Theoretically this should at least have positively affected the patient's classification and treatment. This paper considers, on the basis of some of this accumulated information, much of it written by patients as well as doctors, how Dr. Clarke's "individual approach" affected his patients as individuals.

To the unsustainable rhetoric that his mentor created in the name of the Asylum and its patients, Clarke adds another layer in the name of the clinic. This rhetoric becomes sustainable, as the earlier was not, principally by eliding the referent. It vanishes somewhere between a reality and an ideal, both gravely misrepresented. Clarke writes as if, with the establishment of his various clinics, the Asylum is replaced in reality, as it is in imagination; his rhetoric of the "virtual asylum" not withstanding, the "real" one has continued till now, more real than ever.

C.K. Clarke at the Toronto Asylum: "The Bricks Should Be Worth Something"[86]

Clarke begins his first Annual Report at the Toronto Asylum (1906) by noting that the admissions have been "unusually numerous" (1906, 3). He congratulates the inspector on his success in "dealing with the warrant cases" (1906, 3), by which he means his streamlining of the admission process, admitting patients directly into the Asylum rather than letting them languish indefinitely in jail. The earlier the treatment, the likelier cure. The issue for C.K. Clarke is the role of the Asylum as a hospital for curable acute cases as opposed to a custodial facility for chronic incurables.

The hospital role has been compromised for the Toronto Asylum by "a want of certainty regarding its future" (4). While the government is reluctant to spend money on a building that might soon be demolished, Clarke himself sees many disadvantages to the old building on Queen Street West. The formerly rural site had been especially suited to the patients, most of whom had been farmers or, as Clarke puts it, "drawn ... from the agricultural classes" (1906, 4); moreover, with its farm, it had provided the kind of work many of the inmates would have been accustomed to. However, with the expansion of the city and the loss of the farm, all this has changed. If "a quiet locality, where fresh air and restful conditions generally are obtainable" (1906, 5) is really desirable, Queen Street is the antithesis of what is wanted:

> the days and nights are made hideous by electric cars, on the one side, and railway traffic passes directly by the south wall, where a freight shunting yard is also located. (1906, 5)

The Asylum grounds have dwindled to "some 26 acres ... enclosed within gaol-like walls" (1906, 5). With the extra aggravation of "smoke from the many trains and factories in the neighbourhood" (1906, 5), Clarke concludes that "a more undesirable site for a hospital for the insane could not be selected" (1906, 5).

Besides the problem of its location are the Asylum's perennial problems of heating, plumbing, and ventilation. Clarke reiterates some old complaints:

> at the present time, many of the wards are so cold that the patients suffer severely during the winter. This is particularly the case in the wards of the main building, the long corridors of which are, at times, too cold to be occupied by delicate patients. (1906, 4)

The hot water is still inadequately supplied by "some twenty-six (26) isolated boilers, scattered here and there" (1906, 4). The plumbing is "deplorable," a study for anyone interested in comparing "the sanitation methods of sixty years ago with those of the present" (1906, 5). Tents for separate accommodation of tubercular patients have to be erected on the grounds in the early summer:

> The wards are fearfully overcrowded; the cases of tuberculosis many, and the conditions all favorable, for the spread of this disease, which is nearly always rampant in hospitals for the Insane. (1906, 9)

Unsuited buildings have been adapted and annexed to accommodate the excess population of "quiet, indigent" chronic patients. Now the former Mercer Reformatory is re-equipped:

> structural changes have been made, which have done away with the prison arrangements that existed, and before the end of a few months the Mercer will be made quite as home like as any part of the main asylum. (1906, 9)

Clarke admits that he could as easily accommodate them in a work house, such as the House of Industry on Elm Street.

Clarke wavers as he considers good reasons for not demolishing or removing the Asylum: the resistance of the government to losing its great investment in the building, the convenience of the urban location to an increasingly urban population, and proximity to the university. These last two considerations are especially important to Clarke, since they would also be advantages for his long-desired psychiatric clinic, "where students may receive practical instruction in clinical methods," at a reasonable distance from school (1906, 5). In conjunction with such a clinic, the Asylum would become a source of experience for young doctors, before they were sent "out into life with an intelligent conception of the nature of mental diseases and the cause" (1906, 5).

It is probably no accident that in such a configuration the Asylum appears to serve the clinic, since what finally makes Clarke decide in favour of demolition is a fiscal consideration, the value of the existing 34 acres of Asylum land (26 within the walls and 8 outside): "This [would] if sold, produce a sum that would go a long way towards the erection of a new hospital on a suitable site" (1906, 5). After all the Asylum stood for to his predecessors, his appraisal is strikingly reductive: "The brick would be worth something" (1906, 5). Considering the cost of remodelling, its "makeshift and incomplete" results, and the revenue lost by not selling the valuable property, he concludes that "a new institution should be developed, on a suitable site, within reasonable distance of Toronto" (1906, 6), or easy commuting distance by "train

or trolley" (1906, 6). The "Psychiatric Clinic," for the accommodation of from fifty to seventy-five patients, would be built closer to the university, within "easy reach of the student and physician" (1906, 6).

While a principal motive for such an arrangement appears to be its convenience for "the teaching of medical students" (1906, 6), it would also appeal to the friends of patients, as there would be less prejudice against sending them to the ward of a hospital than to an asylum. The clinic might have what Clarke terms an "intimate relationship" with the Provincial General Hospital, but it would remain under the management of the Hospital for the Insane because "no specialty has a greater reason for existence than that of mental diseases" (1906, 6). Meanwhile the widespread prejudice in favour of general hospitals over hospitals for the insane would be overcome as, with "with proper equipment, our results should be just as striking and satisfactory as in any hospital department" (1906, 10). Exploiting prejudice on one hand while, albeit less energetically, attempting to reform it on the other, Clarke's loyalty already seems unevenly divided between his position as Medical Superintendent of the Toronto Asylum, and his dream.

Justifying the latter, he brutalizes the mentally ill of the metropolis, describing "the flocking of mental weaklings to the city" and urging that "something must be done to meet the requirements of the situation" (1908, 3). Evidently a metropolitan magnet for "mental weaklings," the city needs a psychiatric clinic, which he asserts would "relieve the situation materially," but without which "we cannot cope with t he difficulties which face us" (1908, 3). Much of Clarke's subsequent writing is devoted to dramatizing and problematizing the city's needs, and the clinic's ability to supply and even solve them; the Asylum proper dwindles into insignificance beside the psychiatric clinic, a "virtual asylum" with the whole city, if not the nation, potentially its "patient."

Dementia Praecox and the Individual Approach

In his Annual Report for 1906, Clarke quotes long passages from his own journal (The American Journal of Insanity, of which he had been an editor since 1904), of what originally were after-dinner speeches delivered at his own Asylum (to "members of the Psychological Section of the British Medical Association, and the visiting members of the American Medico-Psychological Association" on the 60th anniversary of the laying of the corner stone) by a roster of hand-picked speakers. While their tenor that "Ontario had done nobly in caring for her insane" (1906, 10), might not have been strictly in accordance with the truth, the particular innovations advocated include the acquisition of some of the recently developed hardware for scientific work, the augmentation of the medical staff, and the freedom of more of that staff from clerical work. But these are minor compared to the ultimate goal, the implementation of what Clarke calls "study of individuals and their treatment" or "the individual method" (1906, 10). This is essential for the transformation of the Asylum from a "well managed poor house" with its "hopeless wrecks stranded in asylum wards" to a "hospital for the insane" (1906, 10).

In the same year Clarke establishes The Bulletin of the Toronto Hospital for the Insane (later The Bulletin of the Ontario Hospitals for the Insane), the purpose of which is to improve the status of psychiatry relative to that of general medicine. The editor hopes that his "little periodical" will facilitate

"fuller co-operation between the outside medical man and his patients, on the one hand, and the psychiatrist on the other" (4).[87] The journal would feature "clinical pictures of type cases" (5), which would encourage general practitioners to approach their patients as "cases," creating more psychiatric "knowledge." Clarke describes a transformation in the status of the patient:

> [from] a menace to public safety or to his own welfare [to] a sick man ... at daggers drawn with his environment, who can no longer accommodate himself to the requirements of organized society; the victim of a diseased personality -- often accompanied by manifestations of various physical disorders" (4).

Clarke's "individual appraoch" served the psychiatrist too; it transformed the Asylum, and transported psychiatry, with a new and more portable kind of knowledge.

Clarke's emphasis on the individual finds a likely disease in Dementia Praecox. In an article from the same period entitled "Dementia Praecox"[88] Clarke observes that, even if Kraepelin himself has yet to give an "absolute definition" of dementia praecox (755)[89] (the term is unfortunate, especially as it is applied to "cases which cannot fairly be called precocious, and others which are written off the records as recovered" (756)), the "Kraepelin idea" is the most promising for the future of psychiatry, "the one that points to the most hopeful line of investigation to put psychiatry on a more solid basis than has yet been the case" (756). Clarke suggests that more clinical work would enable it to do so -- especially the clinical observation and surveillance of ever younger members of the lower classes.[90] He elaborates the idea in a slightly later article,[91] repeating comments he originally made in 1906 before the American Medico-Psychological Association in Boston, in which he urged a "careful study of school children" in order to weed out "weaklings" likely to develop into cases of dementia praecox. Anticipating arguments for eugenics that would be made by members of the Canadian National Committee for Mental Hygiene in the 20s and 30s, Clarke observes in the present piece that if left to itself nature would weed out such cases on its own, but "civilization and culture" are not necessarily governed by "nature's laws" (344). Consequently, Clarke implies, dementia praecox is becoming more prevalent; alienists must do some of nature's work themselves.

This work, under the heading of "abnormal psychology," is of an increasingly specific character, as Clarke describes how its object is to allow us "to fix the standard, not for a class, but for the individual" (344). Such individualized scrutiny must be extended to the public schools, which have hitherto tended "to regard classes rather than individuals" (344). This would, of course, facilitate the narrating of those histories from cradle to grave, some of which are discussed below, which Clarke believes a proper study of dementia praecox requires.[92]

While his perfervid language is meant to convey the pathos of the "frail barks" drifting "to their inevitable doom beneath the Niagara of dementia," Clarke's two sample case histories, "J.C." and "C.S.," show instead a lack of sympathy for their subjects. The former, apparently abnormally intelligent, has been persecuted for his cleverness by his professor as well as his classmates; "C.S." walks with a proud strut and wears her hair in an unusual style, for which "eccentricity" she too is persecuted by her peers.

She resorts to some form of unnamed "wickedness" -- obviously prostitution -- and is arrested and confined in a hospital for the insane. In a few years she too is reduced to "a lump of hideous clay" (346). Clarke's intervention helped neither child.

The "typical" symptoms, in Clarke's diagnosis of developing dementia praecox in the case of the twelve year-old "A.B.," included "lack of judgment, mannerisms and stereotypies, lack of insight and abnormal point of view" (12).[93] "A.B." expressed his abnormality by thinking that sleeping late, fishing, playing, having supper, and going to a movie were "the proper way for the modern boy to spend Saturday" (12). By 1915 Clarke considered dementia praecox a disease whose "well-marked cases" doctors could not afford to ignore (6). Its sure diagnosis made it one of the principal "justifications" of psychiatric opinion, to which the psychiatrist could appeal against other doctors' charge of being "almost as big a crank as many of his patients" (6) -- the more recalcitrant of whom Clarke characterized in the same piece as "hard nut[s] to crack" (7). In "The Detection of Mental Defect," Clarke concludes that "the individual is the basis of study" (348), but the eradication of individuality appears to be the object.

(Preventing a Prophet: The Case of Louis Riel)

This aspect of Clarke's emphasis is well illustrated by his slightly earlier analysis of the great 19th-century Metis leader, Louis Riel -- one of Clarke's earliest applications of the paradigms of dementia praecox to an individual. Clarke appears benign when he argues that Riel should never have been executed, but it is evident that, with the powers that he thought rightfully belonged to psychiatry, he would never have allowed a Riel to exist in the first place. Writing 20 years after Riel's execution, Clarke depicts him as an atavism, one that "should have been an impossibility at as late a period as 1885" (379).[94] Clarke attributes his unlikely occurrence partly to the primitive character of his people, "ignorant, superstitious, and suffering from inexcusable wrongs" (379). But while they are the appropriate raw but "inflammable material" for the "fire" of Riel's "fanaticism," Clarke also attributes Riel's alleged sickness to the austerity of the region he came from, "the lonely prairies of the North-West" (Part II, 23), where cases of paranoid delusion tend to develop. Among a "well educated people," Clark assures us (II, 23) he would have been detected and confined, "shut up from society as long as he lived" (22).

In Riel's subsequent trial the rest of society, by not acknowledging what Riel is, become it themselves; only a few brave alienists, rightly finding Riel mad, "stand by their guns in the midst of a torrent of abuse." The mixed metaphors convey Clarke's own mixed feelings of being at once morally and intellectually stronger and politically out-numbered, besieged and victimized even when on the attack (and on the winning side). Ironically enough, it is an analogous position of moral superiority and physical defeat that Clarke's colleagues, and symbolically Clarke himself, offer Riel an "opportunity" to exchange for clemency and "life," provided that he recognize their jurisdiction and accept their diagnosis of himself as "mad." He criticizes Riel for refusing to be "saved" at the cost of what he himself might have been reluctant to pay.

One of Clarke's own objects is protecting his professional medical jurisdiction against the law. Riel's execution was "judicial murder" which might have been prevented had the "general public" respected alienists' opinions in criminal examinations as much as in "every day cases" (380). It would have been more even more effectively prevented had alienists known what they known today, or been able to act on what they knew then. Clarke's opinion of the Canadian public in general, and of Canadian legal methods in particular, is scarcely more "optimistic" than his opinion of the Metis (II, 14). Like other kinds of "criminal" behavior, Riel's revolutionary activity must have had a hereditary origin. Since, as Clarke observes with some complacency, Riel had little "Indian blood" (380), he must have inheritied his rebelliousness from his father, who had himself rebelled against the Hudson Bay Company's monopoly of the fur trade.

Certain elements and incidents in Riel's story are isolated and interpreted in a way that makes them damning. Clarke mentions Riel's precocity, even his unpopularity with his school mates -- as if retroactively (and posthumously) diagnosing the visionary leader with dementia praecox. Riel's enthusiastic correspondence with Archbishop Tache becomes evidence of "the mental unbalance which characterized the remainder of his life" (381), and the Archbishop's conviction that Riel was unsuited for the priesthood becomes evidence of an "unbalanced" mental condition that made him unsuited for everything. Clarke informs us that Riel's delusions were "marked," without telling us what they were.

Clarke describes Riel's visiting the home of a wealthy Montrealer to ask for money to support him in one of his crusades, as virtually a case of "break and enter." His obtaining money from his mother, depicted as pitiably "old" and "poor," is proof of delusional egotism, as he heartlessly exploits her, induces her to take a long "tiresome" journey at the end of which he fails to appear, etc. In Clarke's narrative, when the abuses of the Dominion Government first come to Riel's attention in 1869, he is already an "ill-balanced youth."

After the failure of the first rebellion and a brief period of exile in the United States, Riel makes a disturbance in a Montreal church in 1876. Asserting his authority over everyone else present, Riel insists on conducting the service himself. He is arrested, and subsequently committed to Longue Point asylum and thereafter to Beauport Asylum under the care of Dr. Roy, who diagnoses him with "megalomania" (383). Clarke makes no attempt to connect this episode with Riel's long preparation for the priesthood or his recent experience of leadership which, from his perspective at least, might have substantiated his claim.

Yet, Clarke attributes to Riel a degree of calculation inconsistent with his depiction of him as a fanatic. For Riel, the Metis represent an "opportunity" for the development of "revolutionary instincts" -- given Clarke's emphasis on Riel's family and his spirited father in particular, he probably means "instincts" literally. When rebellion does occur, it is "ill advised and half-witted" (382) and, above all according to the conservative Clarke, unnecessary. While acknowledging the injustice imposed on the Metis people, Clarke argues that Riel's rebellions achieved nothing that would not have come "constitutionally in due course" (382).

Clarke quotes from Riel's own account of his vision of December 18, 1874, when he felt himself "called," like Moses, by a "heavenly messenger" (384):

> `I was stupefied, I was confused; he said to me; "Rise up, Louis David Riel, you have a mission to fulfil" .... I have worked for men, and with what success the world already knows. Events are not finished in a few days or a few hours. A century is but a spoke in the wheel of eternity. I have obtained practical results, but much more still remains to do.' (384)

Clarke treats this vision unequivocally as a "fixed delusion." Sandwiched between Dr. Roy's diagnosis of "megalomania" or paranoia, and Clarke's account of Riel's arrest in Washington, it is just another example of his madness.

In June of 1884 a deputation from the North-West visits Riel in Montana and invites him to return to lead the Metis in their struggle against the Canadian government. By July he is in Saskatchewan. Clarke dwells on particular details such as Riel's signing himself "Louis David Riel, by the grace of Jesus Christ, Prophet, Pontiff, Infallible, and Priest King." He chooses to ignore the intelligence indicated by Riel's use and subsequent explanation of a term like "Exovede" -- "from the flock" -- to characterize his authority or rather renunciation of personal authority over anyone else. To Clarke such a model is itself an indication of insanity, part of the political and religious thought that Father Andre and others regarded as "completely insane" (387). He concludes this first part of his discussion by arguing that those French Canadians who argued for clemency were as mistaken as the Protestant bigots and "Orangeists" who called for the death sentence. The real issue in Riel's trial should have been medical, not political. Clarke's medical judgement is a more effective -- more devastating -- condemnation of Riel's politics than the more overtly political one that merely sentenced him to death.

An interesting feature of C.K. Clarke's essay is its inclusion of material from Daniel Clark's original notes. Riel's nervousness and expressiveness are attributed to his being French. Riel's pride and sense of himself as leader are turned against him as signs of insanity: "He was very talkative, and his egotism made itself manifest, not only in his movements, but also in his expressed pleasure in being the central figure of a State trial, which was likely to become historic" (15). A principal focus of Clark's notes is Riel's resistance to the insane verdict. Clark records how, at the mention of how Riel's lawyers were trying to establish his insanity in order to save his life, Riel reacted "like a chained animal until his irons rattled" (15) -- elsewhere he is "an enraged tiger" (16). Riel's defence, that he scorned such a plea as he considered himself "`the leader of my people, the center of a national movement, a priest and prophet'" (15), is reported as only another instance of the behaviour that makes him, at least for Clark, "like the insane with delusions of greatness, whether paretics or not" (16).

Much of Daniel Clark's evidence, which C.K. Clarke reiterates as confirmation of the value of professional opinion and an example of the difficulty that it encounters in a public forum, is intuitive, based on "a hundred and one little things in appearance, movement and conversation, which cannot be described in writing" (16). One might wonder how what "cannot be described in writing" could be used to

obtain a conviction in a court of law. With strange inconsistency, given his evident ability to read Riel's mind in his gestures, in nearly the same passage he accuses Riel of "concealing to some extent the inner working of his mind" and having "an object in view" (16). Besides their obvious jealously of the greater respect awarded the legal profession, and their immediate concern for the respectability of the insanity plea, both Daniel Clark and C.K. Clarke have "an object in view" -- respect for the psychiatric profession that makes such a plea on the basis of its unique experience and incommunicable lore -- of its sheer authority. If this had been respected, instead of leading a rebellion, Louis David Riel, this "mental weakling" as Clarke calls him, would have been "under lock and key at the time" (23).

Immigrant Plagues: Racism, Heredity -- and Dementia Praecox

While Clarke focuses professional attention upon the individual, his ultimate object is the welfare of larger entities -- the nation, the race. In one of the first of many slights directed at the patients of his own Asylum, Clarke d escribes, in his annual report for 1906, the foreign born among them as if they were spies, plotting to infiltrate his Asylum, half the continent and one whole ocean away:

> It is to be regretted that so many defectives from the old world have found their way to our wards, as it goes to show that no matter how careful the inspection of immigrants, at sea ports, many mental weaklings will obtain entrance to the country. (l906, 3)

He displays no compassion for them as unfortunate and underprivileged people, perhaps because he cannot see them except as "defectives" or "mental weaklings" (1906, 3). He refuses to see these people as burdened with loads of economic and racial discrimination and injustice, but only as burdens themselves to the provincial treasury. The idea that the country's population, apart from a minority of exploited natives, was entirely comprised of immigrants, and that one immigrant was not inherently more entitled to enjoy its great wealth than any other, is itself foreign to Clarke's rather obvious politics.[95] Moreover, despite the population being comprised almost entirely of immigrants, Clarke shows no interest in the experience of immigration. That many of these alleged undesirables are fleeing stigmatization for confinement in asylums in the Old World has to be ignored as mere "sentiment," when "the very life of a nation" (1908, 8) is at stake. Such a dismissal seems tantamount to a dismissal of his own patients of at the Toronto Asylum.

Combining, as the true disciple of his mentor, one plague with another, Clarke argues that immigrants are especially to be guarded against as a source of dementia praecox, "particularly common among the imported defectives" (1906, 3). This makes them especially burdensome because those affected, while incurable, do not die immediately and may even live a long time with their illness. The law needs to be strengthened, giving the government more power to expel immigrants who fall sick after an initial two year probation period.

In his report for 1907 Clarke argues that by accepting the immigration of "classes which should be avoided," the state is jeopardizing the quality of the entire population. He represents the effect of recent

immigration as a crisis of such magnitude that only "those who are conversant with the facts," or in other words doctors like himself, could appreciate it. Comparing admissions to a Toronto and York County population of 400,000, Clarke arrives at a ratio of one insane person for every 1500 people. By virtue of being roughly one third of admissions, Clarke argues that new arrivals should account for approximately one third of the population, or more than 130,000. In fact new arrivals account for only 5,000, making the proportion of insane to normal people 26 times higher for new arrivals than the rest of the population. Clarke grudgingly acknowledges that the "high preponderance" of the foreign born at the Toronto institution might be not be representative of the entire immigrant population, since that institution serves an area in which foreigners are especially concentrated. But to defend himself he invokes the past, in particular the words of his predecessor Dr. Workman, to argue that even when the Toronto Hospital ("Asylum" in Workman's day) served all the Province, and so could be said to be truly representative of the entire population, the foreign-born accounted for a share of the inmates much larger than their share of the rest of the population. Countering the objection that the Toronto Asylum now receives a disproportionate share of immigrants, but also clashing with his tendency in the first part of the essay to depict Canadian immigration as "steady" and to contrast it favourably with immigration in the United States, he argues that "the grievance we have to-day is an old story and Toronto Asylum has always suffered." He notes that in 1854, roughly 84% of the first 1000 admissions were foreign-born, compared to less than half of the general population. He cites Workman, who in the Report for 1854 observes that "the native Canadian, equal to nearly 65 per cent. in the Provincial population, has contributed only about 27 per cent. to the asylum population." Ignoring all of the other factors which might have applied once but not now, he neatly concludes that "Ontario has always been unduly taxed from the maintenance of imported defectives" (6). An expanded version of "The Defective and Insane Immigrant," published in his own Bulletin of the Ontario Hospitals for the Insane,[96] is virtually the same as the above till about page 10, where Clarke provides a more detailed statistical argument to support his concern about Canadian immigration. Based on their proportion of the general population of 1907, the total foreign-born of 10,087 admissions should have been 1,681 instead of 5,707. Of course, such reasoning fails to justify the application of a percentage from one year to other years, or to explain why, other factors being unequal, the rate of insanity among the foreign-born should be the same. Such reasoning equates cases of insanity with admissions, when many cases, especially in better-established native-born families, would have been cared for at home.

Clarke asserts that Britain is deliberately dumping its "undesirables" on Canada: "sexual perverts of the most revolting kind, insane criminals, the criminal insane, slum degenerates, general paretics, in fact weaklings of all objectionable types" (1907, 4). He recounts discovering "whole families of degenerates" (1907, 4), some of whom are immediately returned to England, but not all, as in the case of "an imbecile young woman" and her alcoholic husband who were deported, leaving six children behind them "to be cared for by the community" (1907, 4). Clarke dreads what they will become. In describing this population Clarke appears to be dealing with a sub-species, without the same rights as the species. When a man afflicted with dementia praecox marries, he is alleged to have "found a woman weak enough to marry him" (1907, 4), as if Clarke cannot allow the emotions and desires of an alleged "defective" more dignity than a base parasitic design on a commonwealth that excludes him. He cannot begin to do justice

to the cost to the country of the "importation of so many defectives" (1907, 8), though he makes a rather good effort at it. He estimates that, given that most dementia praecox patients are afflicted when they are quite young, or at an average age of 25, and that each lives on the average 36 years longer, at $145 per year each such foreign-born "defective" costs the state $5,220. He calculates that this year's accumulation of 43 foreign-born Dementia Praecox cases will cost the state $224,460, before they die. Such arithmetic, untempered by any indication of the contribution of immigrants to Canadian society, amounts to a slander of Canada's immigration policies over the last half-century and, of course, of immigrants themselves. He finally urges that "defectives" be weeded out at the port of sailing, by psychiatrically trained physicians, using "procedures" like those described by Dr. Thomas W. Salmon at Ellis Island, where officers of the Public Health and Marine Hospital Service have been trained at institutions for the insane to watch for immigrants who seem "atypical" (1907, 9). Inspectors should be equipped with "memoranda" consisting of lists of peculiarities, on the basis of which immigrants could be detained and observed in a psychopathic pavilion newly constructed for the purpose. Clarke concludes quite emotionally:

> Those not familiar with the practical side of the subject cannot estimate what it means to protect the coming generations of Canadians from the evil results of the addition of defective and mentally diseased immigrants to our population. Preventive medicine has a duty to perform that cannot be ignored and Federal and Provincial Authorities must unite to fight the threatened evil. Our new law is good as far as it goes, but it does not go far enough, and in many cases we are powerless to act, when our duty seems manifest. It would be so much better too, to intercept the defectives at the port of departure whenever possible. (1907, 9).

A year later, in The Bulletin of the Ontario Hospitals for the Insane, he is more specific about how the inspection could be improved. Besides their being specially trained to detect cases of dementia praecox and other disorders common among immigrants, Clarke emphasizes their youthfulness. Clarke seems to see them almost as plain-clothes policeman as they "mix with the immigrants during the voyage across the ocean and get an idea of their mental status" (20) before they can disembark.[97]

To those who might argue that he is scarifying and exaggerating the "gravity of the situation" (1907, 8), Clarke replies, not very reassuringly, that he is one of those who has been "scanning family histories for many years" and therefore "in a position to speak with authority" (1907, 8). In reality he scarifies even more, connecting dementia praecox and immigration to yet another horrifying plague, hereditary insanity. Attaching to his report for 1908 a chart analyzing the hereditary tendency to insanity in the last year's admissions, Clarke asserts that heredity "is a tremendous factor in the development of insanity" but the statistics on it "have always been compiled in the loosest way" (1908, 6), because physicians are reluctant to ask the customary questions about heredity on the standard form. More serious opposition to the "facts" comes from "friends [who] persistently dodge the telling of family secrets, especially when they have to be recorded in a public document" (1908, 6).

In his report for 1908, Clarke asserts that "the bare facts are suggestive enough; an analysis of them makes us marvel at the complacency of those who calmly accuse us of a want of patriotism in decrying

certain kinds of immigration from the old country" (1908, 7). He combines virulent ad hominem attack with economic snobbery, accusing the "pseudopatriotic enthusiast" of "building up beautiful philanthropic plans which are to enable the slum weakling to shake off the stigmata of degeneracy in the free air of the prairies" (1908, 7). Asserting that "much of the success of a nation will depend on the quality of the stock from which it springs" (1908, 7), he quotes an unidentified "recent writer" on "uplifting humanity rather than [trying] to maintain an exclusive virtue, limited by a political boundary" (1908, 7), whom he accuses of using such alleged "sophistry" to impose on Canada "one of the biggest burdens in the way of alien populations that we have to carry" (1908, 7). Such, he warns in quasi-biblical language, have "sown the wind, and they shall reap the whirlwind" (1908, 7).

In an article published in 1911, the year he gave up his superintendency of the Toronto Asylum to superintend the Toronto General Hospital,[98] he echoes phrases from the report for 1907, balefully observing that "my knowledge of family histories in Ontario is far too large for my peace of mind, and I cannot shut my eyes to the fact that certain strains, will produce defective and insane, just as regularly as other strains will reproduce the strong minded and capable" (360). Clarke simultaneously seems to regret possessing such sensitive information, and to relish it -- his regret, principally at his inability to act on it, conveying more than a hint of menace, as if anyone who would oppose him must be secretly abetting a lunatic. All of this, of course, reflects a growing interest in eugenics.

Clarke's emphasis on hereditary insanity, stemming as it does from rather intimate and privileged knowledge of the patients of his Asylum experience, complements his emphasis on the individual -- as Clarke writes: "it is always the individual who has to be considered, especially in cases where there is no well defined pathological basis" (360) -- yet it always appears to have the benefit of some other in mind. In "The Defective and Insane Immigrant,"[99] Clarke presents this individual in terms of a face-to-face confrontation with a great danger. Such a confrontation requires sanity, courage, and something else which Clarke typically requests and which, despite his efforts to redeem it as resistance to "maudlin sentiment," looks suspiciously like callousness -- resistance to sympathy and compassion. Clarke appears oddly isolated between equally "chronic" inmates of the old Asylum, to whose plight his audience has become inured, and the so-called "hordes of degenerates of the English-speaking peoples, to say nothing of those lowest in the social scale of the European and Asiatic races" (273). In 1906-7, Clarke's principal qualification for choosing the best means of making Canada a great nation is still, oddly enough, Asylum experience.[100]

Foreign born "defectives" are those who usually escape being committed to an asylum, and subsequently evade deportation under the relevant Act. Instead of indiscriminately "pumping in the population," as proposed by Kipling, he proposes performing a Darwinian experiment on the whole nation, applying the laws of "artificial selection" to the "magnificent heritage" of Canada so as to improve the race. It is perhaps slightly ironic to discover Clarke beginning by using the histories of families against their own descendants and countrymen and women, but he is presently undertaking "an elaborate study of the foreign born admitted since 1900" into the Toronto Asylum. He offers a "brief examination" of some 422 patients admitted in 1906-7. Of these 210 are foreign born, and 124 of these are "recent arrivals" (275). Clarke is especially concerned that 65% of these foreign born admissions are afflicted with

dementia praecox, "a psychosis notoriously the outcome of defective heredity," and consequently likely to be passed on through the descendants of the afflicted.

He represents immigration as a tide, deliberately poisoned by British officials, with the effect of creating new kinds of degeneracy in a previously pure Canadian stock: "sexual perverts of the most revolting kind, insane criminals, the criminal insane, slum degenerates, general paretics and weaklings of other varieties are represented" (277). It is also a kind of perverted and diseased pilgrimage, with Toronto its Mecca. Now, instead of Workman's march of cholera, it is the people themselves that have to be stopped. Now, Clarke argues, despite his earlier warnings about doctors promiscuously attributing cases to "dementia praecox," that at the Toronto Asylum 60 per cent of the foreign-born admissions suffer from this disorder.[101] A high proportion of these are "slum degenerates" from European cities. Unfortunately, it is too early for laws recently enacted for the purpose to enable the authorities to deport these undesirables. Meanwhile, without clinically trained physicians able to detect "the weaklings of the dementia praecox type" (187), inspection at the ports will continue to be inadequate. Clarke devotes the last few paragraphs to mocking the "performances of the Doukhobors," whose habit of disrobing on a pilgrimage from Saskatchewan to Philadelphia caused them to be arrested and jailed at Fort William. Clarke approvingly reports their having been force-fed and anticipates the day when the authorities will have more power to "break up the community system" which supports such immigrant groups.

Clarke dramatizes himself as a prophet who has been harshly and unjustly treated for stating these "truths."[102] He presents his earlier arguments, like that in the Annual Report of 1907, as disinterested and true but foolhardy for exposing him to "unpleasant controversy," especially the selfishly motivated opposition of politicians who courted and depended on immigrants for votes. He contrasts himself favourably with elected officials whom he characterizes as generally too opportunistic and short-sighted to consider "the future welfare of the community" (462)

Asylum vs. Clinic: Birth of "The Poor Man's Sanatorium"

Clarke's interest in dementia praecox as a disease whose patients would benefit by the "individual approach," and his distaste for the Asylum with its "indiscriminate" population of immigrants and urban poor, are obviously related to his interest in establishing a psychiatric clinic in Toronto, where individuals could be isolated and treated, according to the latest techniques. Although he was still Medical Superintendent of the Toronto Asylum, in a 1907 "Memorandum"[103] to the Provincial Secretary entitled "Reasons Why," Clarke dismisses the Asylum as "about to pass away, having outlived its usefulness and being hopelessly situated" (5). He emphasizes the social utility of discovering why so many citizens are unable "to stand the strain, which leads to the wrecking of so many lives." Arguing that if mental disease was as counterproductive, it was also as "definite, as susceptible of treatment" as other diseases, he was obviously thinking of acute as opposed to the chronic cases the Asylum was full of. In the rest of his "Memorandum" Clarke argues on behalf of the asylum, and in its name, for things of obviously greater benefit to the clinic. Duty lies not in alleviating the conditions of the asylums so much as in going where

"we are in duty bound to follow" (3), which first means adopting a better system of classification, its object "keeping the acute and chronic separated" (3). Proper clinical work cannot be done "in a so called hospital for the insane [ie., asylum], where acute and chronic cases mingle indiscriminately" (4).

Clarke shows considerable antipathy toward the very people on whom his innovation would have the most immediate and widespread effect --the inmates of the his own Asylum, and the chronic insane in particular. He does not oppose but reinforces popular prejudice against the Asylum and its inmates, commisserating with people over "the stigma of having been sent to an Asylum ... the hardships of being forced to associate with the chronic insane" (2). Not everyone believed Clarke's assurances, that the clinic would not "militate against the usefulness of the institutions now in existence," or that "it would simply assist them in developing the scientific side of their work" (14).

In 1907 Clarke travelled to Europe as part of a Commission authorized to recommend, as the Commission Report of 1907 put it, "a policy to be followed in making new departures as to the State treatment and care of the insane" (2).[104] The "problem" is initially "dissolved" into what are seen as its two "divisions," "treatment" of the acutely insane, and "care of the chronic insane." The shift from "treatment" to "care" seems crucial, a portent of problems to come. "Chronic" and "acute" are euphemisms for asylum and clinic.[105] The commissioners' discovery, "the absolute impossibility of combining Hospitals and Asylums to accomplish the highest and best kind of scientific work" (3) -- seems to have been a foregone conclusion. The issue is not just the greater degree of "individual care" essential to the cure of insanity, but the prejudice whereby "the developing case will shun the Asylum almost instinctively" (3). Like Clarke above, the commissioners do not oppose prejudice or redress the conditions that contribute to it, but sympathize with the prejudiced. Most impressed by Emil Kraepelin's clinic at Munich, they quote him extensively on the status of clinic vis a vis asylum -- the "estrangement" of asylum doctors from developments in neurology, the "retarding influence" of the asylum, the "isolation" of the asylum from "a large province" of nervous diseases outside it, waiting to be "conquered," the afflicted patients analogous to indigenous peoples whom the clinicians "claim with a perfect right" (9), etc.

With characteristic brusqueness Clarke acknowledges the stigmatization of chronic patients, only to dismiss the concern: "Of course this feeling should not exist, but it is present, and one would be callous indeed if he did not sympathize deeply with those who have it" (1908, 5). A principal recommendation for the psychiatric clinic is its accommodation of middle-class prejudice -- what Clarke means by the "asylum bugaboo" (1908, 4) -- an accommodation that would later help to perpetuate another "accommodation," the human warehousing practised by generations of Asylum doctors. This antipathy to a signifcant patient population partly accounts for his, and his colleagues and successors', failure to read patients' files more sympathetically. It is doubtful that any amount of information alone could have created understanding, or that where there already was hostility such information would not have contributed to misunderstanding.

Still awaiting the establishment of a Psychiatric Clinic, Clarke celebrated the opening of "an out-door Department" of the General Hospital in 1909. In a brief "Preface" to an issue of the Bulletin of the Ontario Hospitals for the Insane,[106] he asserted that "the relation of a Psychiatric Clinic to a General

Hospital is as important as its relations to a Hospital for the Insane." The tenor of the article immediately following, "The Relationship of Psychiatry to General Medicine,"[107] suggests that it was rather more important. The prejudice of the general practitioner, who finds "the problems of Psychiatry ... unattractive, and ordinarily, distasteful" (5), had some basis in the nearly total absence of clinical method from psychiatry, whose specialists were what Clarke terms "metaphysicians," and whose stock in trade consisted of "a happy combination of divine inspiration, complicated theory, and ponderous phraseology" (5). Clarke's suspicions of the Freudians also cut him off from more sympathetic ways of reading.[108] Instead his sympathy was all for clinicians like Kahlbaum, Wernicke, and Kraepelin, who had done much to resolve another "bugaboo," classification: "a sort of picture puzzle" in which, as it became more "intricate and elaborate," the pieces "did not fit" or "add to the beauty of the picture" (6). The greatest obstacle to such work, and to the patient's "right" to enjoy clinical methods, is the present asylum system, with its "herding of the acute with chronic" (13). Clarke luridly depicts the Asylum as a "hideous nightmare both to friends and patients" and its inmates as the "stranded hulks of wretched humanity" who "forever haunt" the imagination of the people (one wonders which people) with "possibilities of what they may come to" (13).

Clarke's technique, and the direction of his bias, become even more obvious when his essay is contrasted with an essay on roughly the same topic, "The Relationship of the Hospital for the Insane to the General Practitioner,"[109] by Harvey Clare, the Medical Director of Reception Hospital of the Toronto Asylum and later Medical Superintendent of the Asylum itself from 1920 to 1925. Written only a few years after Clarke's piece and published in the same journal, it is possibly a deliberate corrective. While Clare also advocates a stronger partnership between psychiatry and general medicine, instead of exploiting and reinforcing negative stereotypes of the Asylum in the name of the clinic, he appears to address the stereotypes out of a sincere desire to redress the human suffering they at once refer to, help to create, and perpetuate. The difference in tone is palpable, as when he regrets the persistence of the common prejudice, that "when a patient is admitted to the hospital for the insane ... he need hope for nothing in the way of sympathy or kindness" (162). Despite the legal prohibition against restraint, female as well as male nurses still recommend themselves on the basis of physical strength. Many people still believe that "if a man was once admitted to the asylum, this was the end; he never came out again" (164). Instead of exploiting such mistaken beliefs and slyly reinforcing them, Clare appeals for education to dispel them. "Teach the people that the hospitals are for the care and treatment of these people," Clare urges:

> Our ideal is that we shall have a voluntary admission system, that our hospitals shall be the poor man's sanatorium, that we shall get the incipient cases, that we shall gain the confidence of the people, and in this way be of more use to them. (167)

Clarke urged a rapprochement between psychiatry and general medicine principally by abandoning a significant patient population, and by slyly if not subtly reinforcing certain stereotypes in order to distance himself and his enterprises from them. In a certain sense Clarke's "clinic" was not for them. Yet despite his apparent concern for middle-class sensitivities, Clarke could be callous in practice. One Rev. Burns (admitted in November of 1914), suffering from depression and eventually diagnosed with a variety of dementia praecox, was visited a few days before his committal by Dr. Clarke, when he was

Superintendent of the Toronto General Hospital. While Clarke got the man to agree to come to Toronto to be treated at the Hospital, he secretly made other arrangements with the man's wife. Dr. Williams (an Asylum doctor) writes, one wonders with what understatement, that on the day of his committal Rev. Burns did not want to go and that "it was necessary for them to use a little force to persuade him." According to Rev. Burns himself, just before the train started his wife told him "that they were bringing him to the Toronto Hospital for the Insane." "Agitated and excited," Rev. Burns tried several times to jump off the moving train. A few days later, before being taken from the General Hospital to the Asylum, he tried to commit suicide, "by cutting the radial artery with a safety razor blade." A special "Admission Note," attached by Dr. Williams to the "Clinical Record," describes how, after his arrival in the ambulance, he emerged "an old man suffereing from a great mental depression." Post hoc ergo propter hoc? Dr. Williams thought that Rev. Burns refused to trim his beard because he wanted to disguise himself from his friends. He at least conceded, perhaps without sufficient emphasis, that "the fact that he was brought to the General Hospital forcibly seems to have aggravated his condition very much." Rev. Burns's suicide attempts subsequently were held against him as much if not more than any of his previous actions, although they were directly the result of a committal that involved guile and force -- and was in reality anything but "voluntary." In his "Summary" Dr. Williams reiterated that Rev. Burns "attempt[ed] to commit suicide on two different occasions," but without stating the rather unusual circumstances in which the attempts were made, and insists the Rev. Burns "has to be watched." The discrepancy between Clarke in print and Clarke in practice is revealing -- and characterstic.

The war effectively cancelled plans to finally move the Toronto Asylum from its increasingly unsatisfactory urban setting to a rural site at Whitby. As discussed by J.M. Forster, then Medical Superintendent of the Toronto Asylum, the original plan had involved the establishment of a Reception Hospital in the city, which would have become the Asylum's urban clinic.[110] In "closest touch and sympathy with the large Provincial Hospital outside" (129), it would also guarantee "the hospitalization of the whole in the fullest sense of all that this means" (129). All patients, chronic as well as acute, would enjoy the benefits of clinical practice and innovation. With the establishment of a shabby temporary Reception Hospital in May of 1914, the indefinite postponement of plans to move the Asylum with the transformation of the Whitby facility into a military hospital in 1916, and moreover the reopening of Clark's own clinic at the Toronto General Hospital in 1914, the city appears to have been left with two clinics, operating in very different contexts. While the Toronto Reception Hospital should have become, as Forster idealistically described it, the single urban clinic of a unified hospital system, the existence of Clarke's clinic and (more importantly) the continuous urban presence of the Toronto Asylum actually laid the foundations for the virtually two-tiered system that prevails today.

(More Figures in the Street)

Various texts preserved in the Archives of Ontario indicate the close relationship the Reception Hospital was to have had with the Toronto Asylum, and the conditions that contributed to its early closure. It is evident from these that, while Clarke and others exploited the Reception Hospital as he had the

Asylum earlier, its purpose -- unclear and contradictory as it was -- was still different from the clinic's he had in mind. At least a part of the problem seems to have been accommodating low and middle-class patients under the same roof, or indeed, in the same room. While accommodating together the different disorders that afflicted the patients must have been hard enough, accommodating different classes seems to have upset the officials even more:

> About one half the patients coming into this Hospital are women and men from good families, who have been accustomed to lives of refinement. In the Reception Hospital we have treated many women from the best homes in Toronto, and the purpose of my letter is to draw your attention to the almost impossible situation where we are compelled to recommend the Hospital to good, clean living, decent people, when we are admitting to the same room patients who will use the same bathroom and the same closet, and who are suffering from contagious diseases, such as, Syphilis, Gonorrhoea, Tuberculosis, Scabies, and all other forms of skin diseases.[111]

A "Memorandum for the Honourable W.D. McPherson, Provincial Secretary," prepared by Dr. Clare in December, 1918, explains that part of the role of the Reception Hospital was to keep the large population of "defectives and insane" that "drift in" to the capitol from ending up in gaol.[112] The idea of a migration of the insane to the city, so reminiscent of Clarke's earlier scarifying, probably has less to do with reality than with Dr. Clare's desire to make caring for them a provincial as well as a municipal responsibility.

After the province ordered the Reception Hospital to close because of the appalling inadequacy of its premises, city and provincial officials, including C.K. Clarke (for the Canadian National Committee for Mental Hygiene) met on May 27, 1919, to discuss alternatives. In the minutes Controller Cameron explains that the Reception Hospital had been intended to treat the mentally ill "before they have the stigma of being placed in an asylum" (2-3).[113] When Cameron poses a rhetorical question whether it is a fact "that the Province is charged with the care of these mentally afflicted people" (7), the Provincial Secretary reminds him that, strictly speaking, provincial jurisdiction is only over those who have been certified to be insane. The whole point of the Reception Hospital was treatment of "those who are not certified to be insane, but are suffering from some trouble of an indefinite nature." He passes the buck, though the city officials appear equally willing to pass it back, as the interests of the mentally ill are lost in yet another jurisdictional dispute. It is as if, to enjoy state support, the mad have to suffer stigmatization; only those who can afford to, can escape it. The debate is a classic delineation of a by now all too familiar pattern in attempts to redress madness.

Perhaps, given the limited resources of the city and of other communities in the province, the only real means of achieving what the Provincial Secretary saw as the principal raison d'etre of the Reception Hospital was, as City Controller McBride expressed it, "a big building ... where big interests are concerned" (11). The Provincial Secretary himself objects that "these are local problems as far as administration goes" (11) and that "local" communities would insist on treating patients locally. McBride replies that up to half of the patients treated at the Reception Hospital have come to the city within the last three years, so presumably are a provincial responsibility. But when a provincial official reminds him that

anyone who has lived for three years in Toronto is legally a resident of the city, the Controller concedes the point. He only meant there had been "a tremendous influx from the rest of the Province" (15).

Former Controller McCarthy invokes the by now apocryphal man, a not so distant relative of Daniel Clark's "A" and "B," "found insane on the street today" (15), and whom the city has to pay for, whatever the law. The Provincial Secretary rather impatiently reminds the former Controller that it is the municipality of origin that has to pay. Controller McBride takes advantage of the opportunity to defend his predecessor and reiterate his point. The man on the street, who has "wandered in from Hamilton or London or anywhere else," goes straight to the Reception Hospital. The Provincial Secretary again denies this. When McBride insists that "ninety-nine per cent of them go to the Reception Hospital" (17), the Provincial Secretary accuses him of "coming here and making a general statement that no one can check up or confirm" (17). A colleague satirizes McBride's exploitation of the apocryphal figure "who comes down from say Owen Sound and comes to the Reception Hospital because with the excitement of the City he goes crazy" (17). Irritated by their sarcasm, McBride asserts that "we are not going to build a hospital for the benefit of the Province of Ontario" (17).

While city and provincial officials revert to the paradigms of Daniel Clark and lose the mentally ill in a legal and jurisdictional quarrel, Colonel Primrose, the representative of the Toronto Academy of Medicine fares no better by merely invoking the pitiable suffering of "these poor people who are least able to help themselves, who are mentally unfit, who are sick folk, etc." (18). He concludes that the whole problem comes down to an injustice, but when the Provincial Secretary blandly asks "what injustice do you refer to" he pointlessly replies "the injustice ... to the sick." One would hope that his point was that justice had been lost sight of in a quarrel over legality. Whatever it really was, in the context of urgent problems it seems ridiculous, another invocation of madness with embarassing implications for sanity.

At any rate Primrose's "point" seems to have reminded everyone that they really were getting nowhere, with an urgent problem to solve. His intervention seems to have facilitated a kind of pause or a transition to "experts" including Dr. Myers, founder of the Nervous Ward of the Toronto General Hospital, and C.K. Clarke, then Medical Director of the Canadian National Institute for Mental Hygiene. It is clear that both men differ not only with each other but also with the Provincial Secretary over the objectives of the Reception Hospital.

Myers, with his neurological orientation, argues vigorously for an institution closely integrated with the General Hospital, not only for the education of staff but also for the education of the public "that these are people suffering from a physical sickness" (22). He believes that the province should subsidize patients on a per diem basis, as it would save for every patient prevented from going insane. However Clarke now opposes further integration with the General Hospital, in favour of a separate institution. He too exploits the figure of the person in the street, rendered all the more pathetic as a woman, "a poor old person whose brain happened to be affected by its arteries, or something like that" (27), who would presumably be better off at his clinic with its "research laboratories and all the other laboratory essentials in the modern treatment of this class of patient" (30). It is interesting that Clarke chose, as the typical beneficiary of his

facility, someone -- a chronic patient, a case of senile dementia -- who would not have gone there, but to the Asylum.

While the subsequent clinic, or rather Psychiatric Hospital, funded by the Rockefellers and run by the University, opened initially under the rubric of the Reception Hospital,[114] that institution, its particular raison d'etre and its clientele, had all been elided in reality as effectively as the Asylum had been in print. The fears of provincial officials such as Inspector Dunlop, that the involvement of the university would lead to the creation of a facility "a little too advanced for the demands of the public" (quoted in Greenland, 47), were only too prescient; they anticipate contemporary criticisms of the Clarke Institute.

The "Terra Incognita" of Mental Hygiene: Moral Imbeciles, Prostitutes, and other Weaklings and Defectives

IN 1914 Clarke finds the case of William B., in the "Notes of a Clinical Case,"[115] of "undoubted interest" (207). No doubt part of its "interest" lies in its connections with D. Hack Tuke, who discussed William B. in an article in the Journal of Mental Science of October, 1885. Clarke offers to supplement Tuke's work with his own, drawing in particular on information about B.'s childhood obtained from a friend, Dr. A.C. Bowerman. B.'s history tends to privilege his later years, as his behaviour brings him to the attention of the authorities. Apart from the information on his childhood provided at second or third hand by Clarke, his history is largely the record of such attention.

Other interest stems from the problem that B's disorder presents for classification as either an "imbecile" or a "subject of mania" (207), and from the ability of the case history, at least as expanded by Clarke, to offer a solution. William B. was born in Swansea, Wales, in 1838. After the death of his mother and his father's remarriage, he immigrated with his family to Canada when he was still a child. Clarke's history emphasizes William B.'s delicacy, and his increasing destructiveness as he grows stronger, as if evil were not accidental to him but essential -- his real nature.

Clarke also emphasizes the "extremely nervous" nature of the father, by whom William B. is educated at home in Canada. This father is at once "a gentleman of the old olden type," as Clarke rather affectedly describes him, and himself a social misfit whose unexplained "banishment" to Canada only exaggerates his alienation. The father becomes unnaturally class-conscious, imposing "ridiculous and absurd" restrictions on his family. He suffers from "unnecessary fears concerning his children." While Clarke does not emphasize the connection, these would appear to have excited his "hysterical antipathy" to animals. William B. first expresses his "moral imbecility" by torturing poultry. In such suggestive ways the son's subsequent narrative of "moral imbecility" almost seems to be an extension, a criminal completion, of the father's story of immigration and exile in -- as Clarke puts it -- the "primitive society" of Canada.

William B.'s subsequent "career" becomes a grotesque parody of the father's, just a William himself grotesquely caricatures his father's gentlemanly ideal. After advancing to mutilating horses and assaulting siblings, he briefly finds a place for himself in the United States Cavalry. He deserts, and resumes his torture of animals and people alike, till he is committed to the Rockwood Criminal Asylum in February in 1870 and the penitentiary in 1877. Pardoned in 1878, immediately upon his release he mutilates another horse, is recaptured, and admitted to the Kingston Asylum.

The rest of William B.'s career is worse. On August 20, 1884, he escapes from a picnic on the Asylum grounds, assaults a 13 year old girl, but is arrested before he can rape her. Clarke uses the subsequent trial to illustrate the need for the law to take into account such phenomena as moral imbecility and criminal insanity. While it is impossible to convince the public that William B. is "irresponsible," it seems unwilling to find him simply guilty either. The result of this impasse is leniency, a six-month sentence after which William B. would be released once again into the community. Clarke cynically observes that "B. was delighted at the prospect and seems to have thoroughly appreciated the advantages to be gained from being a moral imbecile" (227).

From Clarke's testimony "moral imbecility" comes to involve, or at least to allow for, the capacity to create the "impression" of having "a mind equal, if not superior, to that of the average of his class in life" (220). Perhaps it also allows the doctor to account for strikingly immoral behaviour in someone like William B., who otherwise does appear to be responsible, or simply criminal. The operative word is "impression," as Clarke insists:

> after an extended acquaintance with B. you are convinced that he is in reality a man of a very low order of intellect, in fact, deficient and imbecile, ever ready to be influenced by the first advice he hears, be it for good or evil. (220)

Clarke is (understandably) nervous about the similarity of "moral imbecility" to an older diagnosis of "hazy definition," "moral insanity," from which he distinguishes it as a firmly identifiable "absolute type." Part of this tendency toward "absolute" identification is discernible in Clarke's insistence on details like William B.'s apparently automatic or physiological reaction to the sight of blood:

> He becomes excited, pale and agitated, and under the influence of the strange stimulant is particularly liable to the morbid impulse. Occasionally, after seeing blood, he has been known to act almost as if under the influence of an intoxicant, and has been terribly excited. (220-21)

Clarke's tendency is to reduce such responses to something like a chemical reaction, the better to exempt William B. from responsibility. Yet, Clarke insists, as if defending the value of his professional opinion, William B.'s demeanour is quite inconsistent with such behaviour. He was, at least while in the Asylum, "somewhat of a dandy" (219) -- as the photograph printed with the article confirms: a slight man with a thick moustache, rakish hat, dark suit, shiny pointed shoes. He is a dapper gentleman's son.

In the same year Clarke began what he called his "special survey of the defectives in the community of Toronto" ("The Defective Immigrant," (462), at his clinic run out of the Social Service Department of the Toronto General Hospital.[116] The clinic shared what Clarke considered the legitimate goals of any Social Service Department, "discovering the defectives in a community and providing proper care and treatment of them" (31).[117] It proved "a gold mine" (31) of "feeble-minded children," "defectives" and weaklings from the "slum centres" of Britain but now "transplanted to the virgin soil of a new world" ("The Defective Immigrant," 463), many of them wi th the symptoms of dementia praecox. It was "imperative" that clinics like his be established in every community with 10,000 or more people and that "travelling clinics" be created to visit smaller all smaller communities. Each new clinic creates new information, new "Surveys," for "accomplishing true reforms and gathering facts with which to convince the general public" -- to fund more clinics ("The Story of the Toronto General Hospital Psychiatric Clinic," 33). Clarke's assistant, Dr. C.M. Hincks, founder of the Canadian National Committee for Mental Hygiene, seems unable to contain his joy:

> Toronto is roused at last! The terrible menace of the feeble-minded has shocked the community.... Whence has come the dynamic power bringing about such an upheaval of public opinion? Many forces have been at work, but chief among these has been the Psychiatric Clinic.... Dr. C.K. Clarke stated that 54 per cent of the defectives examined at the clinic were of foreign birth. The newspapers published these startling statements and Toronto was convinced that the problem needed immediate solution. (33-34)

In "Juvenile Delinquency and Mental Defect,"[118] Clarke observes that the Canadian National Committee for Mental Hygiene has carried its investigations into areas that have generally been avoided or ignored by the government. Previously, only those he characterizes as "amateur social reformers" have explored this "terra incognita" better left to professionals like himself. It was a new jurisdiction for his profession -- but like the original El Dorado to which Clarke's language continually alludes, it really was only a colony (as well as a myth).

By 1916 the Queen Street facility was receiving its first cases of shell shock. A 24 year old unmarried Methodist soldier, a butcher by profession, was admitted from the Reception Hospital on February 12, 1916, suffering from the delusion that he was a member of the Royal Family. The "Certificate" signed by Dr. Brown describes him as "depressed." He acted in a "repulsive way" and refused to speak. He refused to eat and had to be force-fed. Dr. Algie notes his insistence on taking off his clothes, his defective memory, and taciturn behaviour. Under "other facts" reported to him, Dr. Algie records the significant information that he "has been overseas and is said to have been in the trenches for 9 months."

Dr. Clare's note in the "Clinical Record" of December 4, 1916, describes his condition on being brought to Asylum by one Captain Calhoun:

> He seems to be very quiet and will not speak. He lies perfectly still with his head covered up, at other times smiles in a silly way and says, "I do not know."

Jon Thomas Rowland

The man later revealed that he had enlisted about 2 years ago in the 20th Battalion at North Bay. He was diagnosed on Christmas Day as a case of "Catatonic Dementia Praecox." By February of 1917 he was thought to be recovering, although (according to Dr. Clare) he would laugh and smile "without cause."

He was out on probation to a sister from February to March of 1917. He returned to the Asylum and was transferred to Whitby in June of 1917. Clare writes that they thought "the outdoor life" might help him. A visit from "a coloured woman, claiming to be his sister," did not do him any good. Dr. Forster believed that, apart from the Dementia Praecox, there was "some slowly dementing process going on."

The refrain in letters from his family is his silence, and his tendency to run away. On August 26, 1917, his sister reported that "he got away on us one day walked about 2 miles before we could get him back." On July 4, 1918 he was returned to the Toronto Asylum. Dr. Forster's opinion must have been right, for Dr. Clare notes on November 17, 1918, that he

> is degenerating noticeably. He is filthy in his habits and generally restive in his attitude. He still takes his food, however, with some persuasion.

On October 2, 1918 he was finally discharged. Then he seems to disappear. The Superintendent wrote his sister on August 11, 1920, that he "left this hospital ... in care of his brother. We have no record of him since that date."

The case of a 33 year old Roman Catholic is similarly opaque. Dr. Vrooman writes on his "Statement" of December 11, 1917, that he is

> erratic, has delusions and hallucinations -- is restless, will sit for hours singing. Is inclined to be violent and excited.

According to the "Clinical Record" he had served with the Royal Engineers during the Boxer Rebellion in 1900, and had subsequently been "wandering from place to place as an ordinary labourer or as a sailor."

With the outbreak of hostilities he had returned to Canada and enlisted with the 37th Machine Gun [Battalion?] in March of 1915. He later transferred to the 36th Battalion. Once overseas he was drafted into the 1st Battalion and went to France. He was in France for 9 months. There he "underwent heavy bombardments around Messines, Plug Street and Hill 60."

The "Clinical Record" describes a condition that today we would call "shell shock":

> He was never wounded but was buried due to shell explosions and after he got out he went to his dug out, says there he had a peculiar feeling, had a burning sensation in his face, felt as if he could not get his breath, went tot he trench to get a drink of water. Says he felt dizzy as if he was going to faint.

He was transferred through a series of Dressing Stations, before arriving at the No. 8 Stationary Hospital at Boulogne were he as diagnosed as a "manic." He was extremely annoyed when some medical people attempted to attribute his illness to intemperance.

In Canada he continued to make the rounds. He was at Cobourg from October 11 to December 11, at the Toronto Asylum from December 11 to December 28, and from December 28 to January 4 at the Convalescent Hospital on College Street in Toronto. He was "on Yonge Street for trying to stop the cars and acting wildly," and returned to the Asylum. He was returned to relatives in England.

In March 1917 Attendant William Nelson was investigated for allegations of cruelty that had been made against him by a returned shoulder.[119] Inspector W.W. Dunlop interviewed various members of the staff. Dr. Clare stated that the patient arrived at the Reception Hospital on Jaunary 7, 1917, fresh from overseas, and with the belief that "he had been sent by the British War Office to France on a secret mission." He believed that Attendant Nelson was a spy. Nelson, it should be noted, was 28 years old and had been born in Sweden.

Dr. Forster, Superintendent, testified that the patient was always writing letters. He caught another patient going through his papers and the two patients began to fight. Attendant Nelson parted them, and the private developed a grudge.

Dr. Forster describes the patient as "talkative, busy and pleasnt," but convinced that "he has a mission to correct everything in the world." Leading the doctor, Inspector Dunlop asks whether "from the disease from which he is suffering, he might in endeavouring to spread his advice take particular spite on any particular person?" The Inspector seemed to want to take the line that the patient would have resented anyone who seemed to interfere with his "mission," and moreover would have had occasion to vent his resentment in performing that mission.

Dr. Forster pursued a different tack: the patient was "very accessible to a slight" and the Attendant's perceived interferance would inevitably have been exaggerated into a "great grievance." The Inspector's "version" would at least have allowed the patient a degree of rationality -- it was rational to resent interference if you believed you really were about to save the world. Dr. Forster's version is a wholesale dismissal. Dr. Clare's observation, that the man's wife felt she had noticed something the matter with her husband about five years ago, seems part of general tendency to date soldiers' mental disorders to a time before the war.

The Inspector notes that Chief Attendant John Carson gave Nelson "a good name," and that the Head Nurse, Miss Dodds, felt that he was "one of the best, if not the best" man she had ever had. He concludes that the patient was "a case for pity rather than for investigation." The patient's own letters, in which he had not made any harsh criticism of the institution, were used against him.[120]

The report of the first annual meeting of the Canadian National Committee for Mental Hygiene in Toronto on May 27, 1919 contains news of the "shocking facts" of the prevalence of insanity in the respectable contexts of "the family, the school, and the shop" (173) as well as at Clarke's clinic. Colonel Thomas W. Salmon, as Medical Director of the U.S. National Committee for Mental Hygiene, argues that because war and civilian neuroses are "identical in their mechanism," the study of the former will also

benefit civilian life. Neuroses are essentially the attempt of the individual to adapt biologically, at the expense of "the individual ... and society" and of "social and economic efficiency" (172).[121] He proceeds to urge maintaining something like the vigorous wartime campaign against the neuroses even in peacetime. In his polemics the war becomes yet another gauge -- the latest and perhaps the greatest -- of the prevalence of mental disease since, though it occasioned neuroses, "they are many times more common in peace." Like Clarke he treats the war principally as an occasion for something else, namely mental illness, not by creating it (since it was there all along) but by exposing it. At least when he writes about it aftaerwards, for Clarke it seems less an outbreak of collective insanity than an opportunity to bring insanity to the front -- literally -- by inadvertently conscripting and bringing to the attention of the authorities so many of the insane, who had previously "found their niche in simple farm work or occupations of a routine nature" (1140);[122] the war exposes them, not just to enemy fire but also to "friendly" surveillance and control. Clarke celebrates what he considers the greatest lesson of the war, that many "insane" people can become "useful hewers of wood and drawers of water." If this is true, psychiatry only "discovered," and at considerable cost to the insane themselves, what they already knew.[123] Perhaps they publicly underestimated the war to avoid the rhetorical trap of suggesting that insanity was caused by the war and the implication that therefore their movement might relent upon the cessation of hostilities. At any rate, at the risk of trivializing as well as exploiting the horrors of World War I, Salmon urges that the "mental hygiene" movement remain on a continuous "war footing" in a virtual war against insanity.

In the "Report of the Medical Director" which follows the report of Salmon's speech, Clarke describes the movement's educational activities. They first interested the Canadian Army Medical Corps in obtaining trained social workers for the neurological units, then they developed a special course for such workers at the University of Toronto, and subsequently trained "no less than thirty-two nurses from all parts of Canada" (176) for the Department of Soldiers' Civil Re-Establishment. He also reports his inspection of all Western asylums where soldiers were patients (175). His insistence that the only solution for such provincial institutions was "the appointment of independent Commissions" is partly a reaction to the conditions he was allowed to observe, but also to those he was not: by this time he had been forbidden to set foot inside any Ontario Hospitals for the Insane.[124]

6 "TELLING THERE TROUBLES IN THERE DELUSIONS": [125] CASE FILES AS ARGUMENT

> you may never receive this lengthy document, but if you don't I hope that the censor's eyes may get sore making out all the scrible [sic]. (Miss Dickens, circa 1911)[126]

C.K. Clarke consistently argued that his "clinic" -- by which he variously meant a psychiatric hospital, a research facility, or a method of enquiry -- was a source of knowledge and that this knowledge served the patient. The way he argued this, and such case studies as the following, suggest a different relationship. Below I discuss a number of cases from the files of the Toronto Asylum, the majority of them cases of "dementia praecox." I wish to establish what Clarke's "individual approach" meant in terms of the way he and his colleagues approached this material, and the ways patients responded -- in other words, what it meant in terms of argument.

These files were selected primarily on the basis of their containing sufficient writing by patients and staff. All files from circa 1905 to 1911 were read, and every 5th box from 1911 till 1930. The information addresses mainly the "realities" of the Asylum during the period of C.K. Clarke's administration (roughly 1905-1911), and glances at the work of his successors till circa 1930.[127] The probability that some of the statements were "delusional" has to be entertained, but makes no difference in terms of what the Asylum meant. Their "delusional" status, especially in those cases where it is relatively obvious, does not preclude their being the premises of working arguments which, despite the examiners' invocation of such concepts as "fabric of delusion," all too often tended to be ignored. My approach here is to consider patients' and inmates' statements not as truth or fiction but as arguments, the validity of which -- as any rhetorician knows -- is unaffected by their truthfulness. It is a thesis of this study that the writings of the authorities themselves suffer from a similar dichotomy between an obvious self-referentiality and an equally obvious (if not overwhelming) referent. It is more than ironic, it is a human disaster, that so much of the voluminous information produced by the closer clinical methods of the early 20th century flowed straight into the files along the old parallel channels, without intersecting, least of all in a reader's mind. Whatever clinical approaches were served by ignoring it, there is a rhetorical argument in many of these files or rather "cases," one which sheds light on the individual's predicament sometimes sufficient to dispel madness entirely. It deserves to be made, or rather we deserve to make it, since there is nothing which we can do for these patients now but benefit from their experiences ourselves, and since many of these writers -- whatever else they wanted -- wanted to be read.

Jon Thomas Rowland

Rifling through old files the edges of which stain one's fingers with soot, the residue of the very air of the place that everyone breathed and which at least a few wrote to complain about, one wonders at the sheer volume of material. Why? For whom? In most cases it was for a reader to do a reading.

Letters from Ward 13: Mainly Dementia Praecox

(Truth as Falsehood or Delusion)

Miss Adams was admitted twice before the "present" admission, suffering from aural hallucinations (hearing voices) and the "delusions" that food (candy her sister had given her) was poisoned. On her "Certificate" for 1905, Dr. Clarkson records, as "facts indicating insanity observed by myself," behavior that might have been a reaction to his examination: Miss Adams sat silently for 5 minutes, wringing her hands and holding her head, before she "brightened up & spoke freely." She seemed suspicious and looked behind the sofa. He records under "facts... communicated to me by others," more "insane behavior," that nonetheless might have been caused by anticipation of confinement. According to her sister Miss Adams had repeatedly told her that someone was coming to take her away, that she seemed to be terrified and suspicious of everyone, that she had ceased to play the piano although she had been fond of music, and that she peered under doors and tapped on walls. Much of this "insane" behaviour was a reasonable reaction to the truth.

After her admission Miss Adams is depicted suffering from a nameless dread, attributed to paranoia but quite possibly due to finding herself in the Asylum. She spends most of her time reading, doing fancy work, and practising music. Generally she is healthy and "takes an interest in her personal appearance, and in her surroundings," but sometimes she is "depressed and inclined to be suicidal." She accuses people of wearing her clothing, and watches for an opportunity to escape. The entry in the Clinical Record for May 25, 1909, describes her as disturbed and "dreading something" and recalls her sister's statement on Dr. Clarkson's "Certificate." She might have been dreading her move to the infirmary, which occurred on June 3, 1909. Such probabilities are never entertained, although other entries suggest that the atmosphere of the place would have been threatening enough without any specific danger. For example, that of April 12, 1909, casually records a violent exchange between the patient and another female patient in which the latter called her names and told her that she would "smash her head" if she ever went into her room again.

Her worries about clothing and laundry, and about her mother confined in a another part of the enormous building, are similarly characterized. The Clinical Record of June 6, 1909, describes her interrupting her reminiscences of a happy home life by "asking every little while if the patients still work at the laundry and wondering if the clothes will ever come back." This concern for clothing and laundry might explain why, as is recorded for June 8, 1909, "the sound of running water seems to affect her" and caused her to "run frightened, confused to the bath-room, [to] stop again and listen." The same entry describes her disorientation as she

> seems to get confused and forgets what she was going to say ... looks out the window as though she were going to tell somebody ... has just a faint idea where she is at the present time, says she thinks its [sic] the Infirmary, but is not quite sure whether she has ever been here before or not.

Such passages seem intended to convey the impression of neurotic behavior, although the behavior they describe is not inexplicable, and possibly no different from anyone's behavior, under stress and disoriented in a hostile and intimidating environment -- and under intense scrutiny.

A new "delusion" is introduced in the entry for August 26, 1909, where it is reported that she "thinks her letters are kept at the office" and "sometimes accuses the nurses of keeping them." They obviously were. This and the related accusation that "her visitors are not allowed in to see her when they call," though substantiated by other material in her file, are recorded here as if they were mere delusions. The statement of August 26, 1909 that she "thinks everyone is deceiving her and telling her untruths," because its subjectivity is highlighted without corroboration (although plenty was available), seems to confirm a diagnosis of paranoia.[128] It is easy to believe that the patient is living in fantasies and delusions, when only her "thoughts" are presented, without any of their basis in reality. When such a basis exists and clinicians could not but have been aware of it, to exclude it amounts to a deliberate distortion of the record. The record is implicitly "subjectified" to the detriment of the patient's mental status. Had the facts been detrimental they would not have been suppressed.

Beliefs could be stigmatized as "delusional" on the basis of unverified "facts" -- really on the basis of simply "other" beliefs. Mrs. Adams' ward-mate and friend, Mrs. Brown was committed in September of 1907 with paranoid delusions that her husband was having an affair with her niece. Her "History," signed by Dr. Burson, indicates that she had a "violent temper & jealously since childhood" and that "for past 18 years she has been unreasonably jealous of her husband," watches over him and has "made attack on his life." The husband is reported to have noted that she had lost a child before marriage and that its loss had "upset her mind." Mrs. Brown's "madness" was marked by a "gradual increase of unreasonable temper & violent attacks of jealousy." The statement about her lost child could have been intended to discredit Mrs. Brown's morals as well as her mental condition; her reticence on this subject is noted in the Clinical Record.

Dr. Burson's "Certificate" records her conviction that "her husband has deserted her for another woman & that he is attempting to take her money away from her. That he and her niece tried several times to starve her to death. That he is constantly going with other women." This certificate also records, under "facts ... communicated ... by others," her husband's statement that "there is no reason for her jealousy," etc. Her "Certificate" signed by Dr. Fitzgerald notes that she is "suffering from Delusions of a persecutory nature -- believes her husband is misconducting himself which is contrary to the facts." Precisely how he knows the facts he does not say. He is convinced of her "insanity" by her "childishness," and her "marked narrowing of associative processes with almost total lack of insight."

(A Vast Correspondence: Miss Adams)

Miss Adams's father urged closer -- virtually total -- confinement of his daughter, in order to prevent her from communicating with people outside. In a letter to Dr. C. K. Clarke of December 27, 1906, he requested that "some arrangements be made whereby Miss Adams is not allowed to see visitors" because "she will fill them up with all kinds of misrepresentations." The confinement of his wife as well as his daughter in the Asylum seems to have become a local scandal, with himself the principal villain. He clearly fears the daughter's ability to persuade people that she has been unjustly confined. The father is especially annoyed by a letter from one of his daugher's friends, complaining about Miss Adams's treatment in the Asylum, and recommending that she be cared for by a trained nurse in a private hospital. This friend's letter is also preserved, in which she reports that Miss Adams is confined in a ward "where she is constantly struck by other patients," has only only one pair of drawers, and needs to have her teeth done.

Rather than justify or redress the conditions of Miss Adams's confinement, Dr. Clarke makes them a matter of professional -- and male -- jurisdiction and even mystification. He writes the father on December 31 that "it is extremely difficult for outsiders to understand the true condition of affairs and there are always certain women will `step in where Angels fear to tread'." Such difficulty might have been used to argue for paying more attention to what "insiders" such as patients had to say. Clarke informs the father that his letter was read just as the annoying friend called again to take Miss Adams downtown; she was not allowed to see her. It occurs to neither father nor physician, that if Miss Adams had no ground for complaint before, she might now -- denied not just the right of communicating directly with the outside world, but also of having anyone else communicate with it for her. It was not just her the authorities wanted to control.

Miss Adams's letter to her father of September 5, 1907, is a mixture of explicit gratitude and implicit criticism and concern. She obliquely praises her father by praising the authorities for keeping their promises "just as you do." Indirectly praising him by comparing his behaviour to behaviour which she was known to have criticized, leaves the actual nature of his conduct, and her response to it, ambiguous. Such "praise" could very well have been veiled criticism or at least a reminder that its being praise (and not blame or satire) was contingent on performance.

Later in the same letter she remarks the promises of her father and many other visitors she understood "were to come by promise," but whom (of course) she never saw. But by now the meaning of "keeping your promise" has been suspended if not inverted. It could mean that he would break his promise and not come at all -- or that, since he always kept his promise, he must have promised not to come. Her praise of what he could not have "promised" (or he would have done it) is a veiled criticism of people's saying one thing and meaning another -- by saying one thing and meaning another. Her letter amounts to a

rather subtle strategy of trapping the father by praising him for doing things, when only the wrong things are getting done -- or nothing at all.

The authorities did not hesistate to criticize Miss Adams's correspondence and correspondents alike, on the basis of class and other value judgements. In the Clinical Record for November 26, 1917 (the day of her discharge), the writer (C.Mc.C.-- Dr. McClenahan), stated that she had been receiving more mail than the rest of the patients together, and had opened a correspondence with a "matrimonial bureau" in the United States. She had represented herself as a nurse and never indicated that "she was a patient." A man had been to see her claiming to be a "distant cousin," and been turned away -- one of her suitors. She had also written "many letters" in a "persistent" effort to get out of the Asylum and had managed to enlist a lawyer on her behalf. Even after her letters were "stopped" she enlisted other patients to mail them for her and arranged to pick up her return mail at a local drug store (Lawrence's).

According to the doctor she was ready "to hitch up with anything at all," and moreover "did not seem to realize the class of people she was dealing with," as he evidently did through their letters. At times it is not entirely clear whether he is talking about the letters, their writers, or both: "crude, words often being mis-spelled, and [showing] an entire lack of education." When caught she was condemned for having "resented ... very strongly, and [become] very threatening and abusive about" this intervention in what she considered her private affairs, but when she was quiet and docile she was implicitly criticized for duplicity: "When spoken to she was always very nice and rarely had any complaint to make, but would sit down shortly afterwards and write about all sorts of ill treatment." A classic "Catch 22" quandary.

She seems to have appreciated only too well, as she indicates in her letter to Dr. McClenahan of October 27, 1917, that like any other "facts" of her case, the letters could be used as evidence against the very argument she intended them to make. Her letters had not only been "confiscated" but "criticized" as well, and she was at a particular disadvantage as she did not even know precisely which letters. Nonetheless she made the interruption of the correspondence almost as strong an argument for release as the letters themselves. In a letter probably written in late October of 1917 Miss Adams threatened Dr. Forster that a court case "might make it a trifle serious for those detaining me" and considered him, as "manager," personally "dishonourable" for reading her letters, especially when "he is really only a physician after all, not a postmaster, as he evidently imagines himself." She obviously resented the denial of all her rights and the consequent assumption by medical authorities of every other kind of authority as well.

When Forster, speaking out of implicit moral authority, told her unilaterally that "men must be kept away," she attacked his diction for its blunt and to her rather vulgar implications of gender and sex. She insisted that her "friends" were "gentlemen." More balefully she observed that no one was allowed to call for her at the Asylum anyway. She was especially angry that Forster wrote to her sister about her correspondence, which she considered a great "impertinence." Then she turned the tables on the authorities, accusing them of humiliating her and her mother "all this summer on references to my opened

letters by a stranger." They were the only "strangers" to read her letters. For people so concerned for her reputation, they had done the most to damage it themselves.

She wrote Dr. McClenahan again on October 27, 1917 to advise him of her lawyer's intention to "bring up my case in the courts immediately" if he did not receive her Certificate "right away." The lawyer himself "could see no flaw in my brain reasoning," and had another doctor examine her on the grounds. If she really had not been cured, as they insisted, "in ten years," the Asylum "cannot be any good" and she really ought to "try another." Miss Adams seemed to threaten suicide as she warned him that he might "goad a broken-hearted woman to desperation" if he detained her much longer. She lived "like a prison[er] behind iron bars[,] like a convict," when she loves "life and gaiety and society life and friends and will have them." The statement attests to considerable stubbornness and strength of will given that she had been in the Asylum for more than ten years, confined most of the time, as she wrote elsewhere, to a room six feet wide by ten feet long and without a light.

By late November, thanks to the intervention of Miss Adams's lawyer in response to repeated requests, Forster appeared to have accepted that Miss Adams would soon be released. He also seems to have intimated to Miss Adams that she was no longer welcome anyway at the Toronto Asylum. In her letter to Forster of November 24, 1917, Miss Adams, after fighting so strenuously to get out, reminds him that "the Provincial Asylum is open to all Provincial patients"; moreover, "[he is] only a Doctor after all in the building, but [he doesn't] own it." All that aside,

> far be it from me to ever enter its walls again[.] When I pass out or see any of its inmates[,] nurses or otherwise[,] or Doctors again, when I leave it I owe not one of them an unusual kindness of any sort or a welcome to visit or address me in any way.

(Doctors for the Prosecution: Mrs. Brown)

The arguments of the authorities sometimes took a rarefied forensic turn. Mrs. Brown seems especially unfortunate in that her doctors tended to behave as lawyers -- for the prosecution. The Clinical Record describes her version of her husband's infidelity. Shortly after her niece came from England to stay with them, Mrs. Brown began to think that her husband was being to friendly with the young woman. He went to her bedroom to kiss her early in the morning and late at night. The crisis was precipitated on the night of December 31, 1906, when Mrs. Brown noticed that her husband and her niece were together in the former's room with the door shut. Mrs. Brown complained, and they came to blows. She struck him, but only after he struck her. The interviewer (Dr. Fitzgerald) thought it was a weakness in Mrs. Brown's account that she refused "to express her exact opinion of the relations existing between her husband and her niece."

The niece finally left on June 14, 1907. The husband's display of affection to her while they waited on the platform occasioned another violent confrontation with his wife, after which he decided to bring her to Toronto. She remained at Dr. Myers's hospital from July 1 till she was admitted to the Asylum on September 29. Dr. Fitzgerald, invoking Krafft-Ebing, referred to her history as one of "psychopathia conjugalis."

The "Conference Report" of January 30, 1908, indicates that the doctors were determined to diagnose Mrs. Brown with paranoia even when the diagnosis did not fit the particulars of her case. They might have decided that Mrs. Brown's mental condition was not paranoia, because it was not characterized by the other features of the disorder, such as a "magnification of the patient's own relative importance," a "conspicuous feeling of well-being," or a "delusional fabric." Instead they decided that hers was an "unusual" case. Their diagnosis is based on a refusal to acknowledge that Mrs. Brown's ideas could have had any basis in fact.

The portion of the "Clinical Record" dated September 20, 1907, is signed by C.K. Clarke. Clarke notices the same reluctance to be explicit about her husband's activities that Fitzgerald had remarked earlier. Clarke's own expression, that she "frankly confessed that her husband as far as she knew had not been guilty of any gross impropriety," suggests that what might only have been an admission of lacking hard evidence or an avoidance of explicitness was taken as a "confession" of mendacity. The language of the diagnosis is anything but neutral; what should interpret the evidence actually creates it.

Apparently Clarke had questioned her very closely indeed about just what she had seen or heard the night of December 31, 1906. He states that she said she had "never seen" her husband actually going to the niece's room, but had heard him "going in that direction." Mrs. Brown's allowing her niece to remain in her house for the rest of the winter because "it was not suitable for her to sail in the rough weather of the winter" is treated as another "confession" (ie, "It came out that ...."). Clarke does not hesitate to "point out" to his patient that he finds such behaviour "inconsistent" (a euphemism for insane?). One might wonder if Clarke would have considered Mrs. Brown more sane if she had been less kind, but it probably would have gone badly for her either way. The tendency of Clarke's diagnosis is to attribute the absence of hard evidence and the presence of apparent inconsistencies to madness.

Clarke finds additional inconsistencies between Mrs. Brown's "statements," all of which of course are really his own or other authorities' statements: (1) she suggested that her niece return after frequently finding her husband in the niece room but she indicated that she did not think anything wrong had occurred; (2) she persuaded her niece go back after she found her husband in her room but she said she did not persuade her niece to go back; (3) she said she had told no one about her suspicions but she had in fact written to a sister in England about them.

The first alleged inconsistency reflects Clarke's premise that the husband's evident intention alone would not have been sufficient reason for Mrs. Brown to be upset and to want to get her niece out of the house. The second appears to have resulted from Mrs. Brown's confusion over the time referred to (ie.,

before often finding her husband in her niece's room or after). The third alleged inconsistency could simply be between Mrs. Brown's sense of telling as communicating directly to another and Clarke's sense of it as precipitating any sort of communication at all; it might also have been an equivocation to protect Nurse Ferguson, who had written on Mrs. Brown's behalf.

Nurse Ferguson wrote to Mrs. Brown's sister in England and to her friends in Canada. A copy of one of the letters she wrote on Mrs. Brown's behalf was included with the sister's understandably disturbed reply to Dr. Clarke. Nurse Ferguson believed that Mrs. Brown was "as sane as [herself]." She also believed that she had been committed by the husband "for some reasons of his own." She came from her town and had always heard good things about her. The reticence that Dr. Fitzgerald attributed to inconsistency (or worse) she attributes to her "trying to shield [her husband] as every true woman will" (in a letter to Dr. Clarke dated October 9, 1907 a local clergyman, though mainly defensive of the husband, notes that Mrs. Brown was "kindness personified to the poor & distressed"). Nurse Ferguson was dismissed.

Other alleged "inconsistencies" appear to be entirely a matter of semantics, between what Mrs. Brown might have meant by "finding" her husband in her room (evid ently indirectly) and Clarke's assumption that "finding" either means literally catching him in the act -- or is a lie or an insane delusion. That his standards of consistency are excessively legalistic or arbitrary and value-laden never troubles C.K. Clarke. He concludes that "[Mrs. Brown's] story was that of a woman suffering from marked delusions, and her inconsistency and untruthfulness were easily demonstrated." Clarke proceeds not as a doctor but as a prosecuting attorney.

(Letters to Father: Miss Pearl)

The "Clinical Record" of July 9, 1913, states that "Miss Pearl was brought to the Institution by her brother and a friend. She was sent to ward 13, was bathed and put to bed." The nature of her admission, officially "voluntary," is disputed in the letters below. Most of the following "Record" is devoted to criticism of the latter as "somewhat childish and disconnected" (Dr. Clare), and of her conversation for its "egotism, flight of ideas" and "trying to be clever in what she says." According to Dr. Clare "she mostly impresses one with the idea of being foolish and childish." Dr. Clare states on July 24, 1913 that she was "presented at conference Tuesday, July 22 .... diagnosed as a Maniac form of Maniac depressent [sic]. It was decided to give her parole of the grounds."

Male authority, or rather of the absence of any sympathetic female authority, was a factor in Miss Pearl's life. At the very end of her letter of May 3, 1914 she states that "I don't know which brother is going to be the best to take advice from." She seems to have taken a lot of advice from her father and her brothers, and something worse from her father.

Her father wrote Dr. Forster on April 26, 1914, asking him to discourage his daughter from visiting friends in the City, as it "does her harm & people don't like it." He also advises the Superintendent that

women, former townspeople, are to call at the Asylum in a few days, to measure his daughter for clothes. Clothing her inside the institution seems presents problems (she requires an irregular size, because she is large), but these are less -- for the father -- than the problems posed by allowing her to circulate freely.

In his letter to Dr. Forster of October 23, 1913, the father indicates that a principal object for curtailing his daughter's activities is to prevent her from "writing cards when away from the Hospital and mailing them down Town. The Cards are not fit to send & should not be sent." The father seems to feel some guilt at wanting to restrict his daughter more than Dr. Forster himself, who had written him on October 8, 1913, about the difficulty of preventing Miss Pearl from "going down into the city" without denying her parole of the grounds. He profusely thanks him for "the very kind way you have used her & the Privileges given her," and indicates that part of his concern is for her, since "she walks so far & is tired out at night."

Such solicitude notwithstanding, the father would rather his daughter were confined to the ward, "if you can't depend on letting her in th e grounds." He finally warns Dr. Forster, "don't let her on Queen St. that is where she mails her cards. Send me the cards .... I will write her in a day or two .... I think she would gain far better in the ward." His anxiety is aggravated by the fact that his other daughter worked in the Post Office and many of [the cards] come to our P.O."

Forster replies on October 24 that Miss Pearl's privileges have finally been cut off, because "she did so much visiting, writing and talking that we found that we could not control her in the least unless we put her to bed." At first she takes it rather well, but in his letter of December 20, 1913, Dr. Forster has to explain to the father that this total curtailment has led to other problems, since the daughter has begun to resent it and responded in kind by totally curtailing her activities with them. It being Christmas, this has created a minor embarrassment, since she refuses to spend her father's money order if it means going downtown accompanied by a nurse. Dr. Forster, Miss Pearl, and her father, finally work out a compromise whereby Miss Pearl agrees to spend her present accompanied not by an Asylum official but by a brother (one might wonder which brother) and a neighbour (whom the father has approved of in advance).

Miss Pearl's reaction to such efforts at containing her are expressed in a phrase pencilled at the bottom of her father's letter of April 15, 1913. To the father's admonishments to rest and "Be sure and keep on the Grounds," the daughter replies in defiant blue pencil: "A change is as good as a rest -- I am going out." A similar spirit is indicated by a scrap of paper, folded rather like a case file, on which she identifies a number of Asylum doctors as the "Dramatis Personae" of a play. Dr. Clarke is the "Lady Superintendent," Dr. Barber a "Hopeless Case," Dr. Herriman a "Royal Yeast Cake," and -- strangely enough, given that he had been dead for twenty years -- Dr. Workman a "Fox & Goose." She signed herself "Tory." She was finally discharged "improved" on October 10, 1916.

(Quiet Burial: Mrs. Smith)

The "Statement" signed on August 5 1910 by Dr. Norman states that Mrs. Smith had always been nervous but that she had had a sudden attack in January of 1910. The attack which precipitated her confinement seems to have happened on July 31 when, while out with her husband, she claimed "she had been abused by her relatives." In one attack she "took down hair ran outside on verandah knelt down and started to preach she was Christ."

Mrs. Smith's "Certificate," signed on September 6 1910 by Dr. Norman, describes a distraught woman with "thin, white hair wild eyes very prominent." She is "very chatty and noisy"; part of her conversation concerns her conviction that "she is a divinity and earthly ruler." She has already given the authorities some difficulty by "stealing" out of Western Hospital in the middle of the night by jumping out of the window. Dr. Norman considers her "crafty." The "Certificate" signed on September 5 by Dr. Webster indicates her fear that "friends and attendants are plotting her death."

Mrs. Smith was admitted on September 20 1910 for the first time, at age 31. The Clinical Record states that "she had always been of a passionate, impulsive, jealous nature; got along pretty well at her work but was inclined to be moody." She had been a "tailoress." Her sense of persecution seems to have become acute after July 31 1910, when she told her husband that she had been "considerably abused by her relatives." Her inability (or refusal?) to be specific about her allegations seems to have discredited her. In the Conference Report of 1911 she is diagnosed with "Dementia Praecox of the Catatonic variety."

The detailed "note" (signed W.F.I.D.) in the Clinical Record for January 5 1911 describes Mrs. Smith's visit home. Although her husband knew that "she does not get along at all well with her mother-in-law, each dislikes the other and makes no secret of it," he nevertheless did not take her directly to her sister, with whom she could have stayed, because he had similar feelings about his sister-in-law. It is perhaps indicative of how bad Mrs. Smith's family situation really was, that her husband put his aversion to his sister-in-law above hers to her mother-in-law, even when Mrs. Smith was the patient and needed special attention. Her visit was after all supposed to be therapeutic. As a visit to the very people who would have aggravated her condition, and who seem to have precipitated her attack, it could not but have had the opposite effect. The husband's behaviour seems perverse.

He was also abusive, a "very hard drinker ... very inconsiderate in the treatment of his wife." According to Mrs. Smith, he took time off work "so that he could lie awake and watch her." While such behaviour would have been irritating enough, it is his "attitude" at which Mrs. Smith expresses annoyance. One suspects that at the very least her husband had begun to treat her as a "lunatic," an insult which by itself might have precipitated "lunatic" behaviour. Whatever else she reacted to, Mrs. Smith reacted to the effects of a self-fulfilling label. It is hardly surprising that, after this brief visit home, she returned to the Asylum "very much in the same condition as when she went out, and mildly excited." The only surprise is that she was not worse.

One of the delusions noted on her "Certificate," that "people were plotting against her and wanting to shoot her," probably was a memory of something that happened before she was married. Mrs. Smith's sister states that, when she had refused to marry her present husband because of his alcoholism,

> he came up to the sister's house [where Mrs. Smith was staying] with a revolver and pointed it at the patient, stating that if she did not consent to marry him, and did not marry him when he wanted her he would kill her.

Mrs. Smith's sister adds further alarming details of her brother-in-law's behaviour, such as his sleeping "with a razor under his pillow" and threatening "to kill his wife if she did not do what he wished in every particular." If Mrs. Smith's sister is telling the truth, Mrs. Smith had been traumatized by her husband.

The Record states that during her visit home Mrs. Smith's husband had also kept her children away from her. Late at night Mrs. Smith ran into the street screaming and calling for the police "to have her husband put into custody for the abuse of her children." Mr. Smith's letter to Dr. Day of November 19 1910 describes this event from a different perspective. He states that "she won't stay anywhere else unless she has the children," as if it were another indication of insanity (but not, as we might suppose, a reaction to his abusiveness).

Nevertheless, when early in the morning he caught her dressing to go out, he suggested that "I would like her to go over and stay with her sister." She immediately assumed that he was throwing her out and ran into the street screaming for the Police "to take the children out of here." It is obvious that Mrs. Smith saw in his request an attempt to separate her from her children, something she dreaded more than anything else. The husband would have known this and was either insensitive to his wife's fears or deliberately aroused them.

His apparently innocent suggestion might not have been so innocent. His statement that her getting up in the middle of the night was because she "thought she might be sick before morning" and his suggestion that this was a recurrence of her frequent delusion that she was being poisoned, might all be true, but it also seems intended to suggest that she was mad, to discredit her, and thereby to distract the reader's attention away from other factors which might have accounted for her behaviour.

Subsequently the Clinical Record describes a slow nearly 40 year long physical and emotional decline. By 1927 she is "considerably demented." She now believes that she is a man, and considers herself "a nigger." Perhaps for these reasons, out of conformity to a role she has in mind, she acquires the habit of spitting on the floor, and using coarse language when anyone disturbs her. She bunches up her dress around her crotch on her way to the bathroom, as if she wanted it to be a pair of pants. She suffers from chronic erysipelas.

Yet there are some stranger twists to her case. In the late 40s an attempt is made to trace her husband. A form bearing the heading "Social Service Record Ontario Mental Health Clinic" and dated November 28, 1938, describes how a call was made to someone with the husband's name and who was known to have a son about the same age as Mrs. Smith's. A woman calling herself Mrs. Smith "noticeably froze up

as soon as any mention was made of this institution .... Woman definitely seemed to be worried." Subsequently the worker does not scruple to use the information in Mr. Smith's case file to identify his signature. The worker then promises to confront Mr. Smith when he comes for his next voucher.

That anything was done about his bigamy is doubtful. A note i ndicates that a woman came to the Asylum to visit her son, and identified Mrs. Smith as her brother's wife many years ago: "She only lived with him for about two months and then she ran off with Mr. Smith." Mrs. Smith really was someone else.

Moral Imbecility and Occupational Wandering

In a piece based on the work of the Psychiatric Clinic of the Toronto General Hospital and its Social Service Department, "A Study of 5,600 Cases,"[129] Clarke argued that the "immoral" women of a group received at the Toronto Psychiatric Clinic became so, not as "enthusiasts" and other "sentimentalists" believed, because of economic want, but because they were mentally defective. By "defective," Clarke meant that they measured "low in the scale of intelligence, and do not reach a mental age of twelve, although their chronological age is much greater" (12). Others, however, were defective in terms of "want of ability to realize their social obligation, and ... defects in character" (12). These last are "defective" simply for not sharing Clarke's values.[130] These are Clarke's "High Grade Morons," which he considers "the greatest menace to the community, as they are so often attractive in appearance, and plausible, to the ordinary observer" (12). The "experienced social worker" knows that such must be supervised at all times; these "high grade defectives" are "the greatest menace of all to the community" (16) as they freely move about in "normal" society and eventually marry other "mental weaklings," thereby "perpetuating the race of defectives" (16).[131] Proper psychiatric inspection and evaluation in the public schools would have prevented many from becoming prostitutes, as most do; consequently, "prevention should be the slogan of all social service workers" (12). The "glamorous prostitute" is no more than one of these "flashy high grade moron[s]" ("Juvenile Delinquency," 229). Clarke insists that with his expertise he can see through her physical attractiveness to her underlying "absence of moral sense and ... easily detected mental defect" (229). How these moral or spiritual qualities manifest themselves physically or visually is not explained. Her "mental weakness" appears to amount to values which Clarke does not share.

(Moral Imbecility)

Miss Minn was admitted on December 24, 1910. Her "Schedule No. 2" form states that she was an 18 year old Presbyterian "domestic" who had been insane for some 3 years; her insanity manifested itself in a "disposition to wander away from home." She suffered from "immoral delusions" and was considered "dangerous to herself." She had committed theft, and had herself been "committed to Industrial School." Her conduct had been good, but had gradually changed for the worse. She was considered "mentally defective" (although her letters suggest otherwise), a "moral imbecile."

Miss Minn seems to have been observant and sociable with other patients. Yet the examiner considered her somewhat withdrawn or devious (ie., "she would not give me the details of her life freely"), even though she was candid enough indicate to him that she intended to elope as soon as she could. The Clinical Record reveals the tendency of the authorities to retain certain value judgements even in the face of contrary or conflicting information. What she was diagnosed with was slightly paradoxical by nature -- it could be applied to someone quite the opposite of "imbecile," but who persisted in "immoral" behavior and beliefs. The record also reveals how selective the authorities could be, emphasizing Miss Minn's pursuit of pleasure ("she takes a great deal of pride in discussing the fact that she is having a good time and that she is going to continue to have a good time .... no interest in anything except as shown by her life in the last few months") but making nothing of her intense desire to "get out of here" before her father could come for her, and to be "entirely free from him." Miss Minn ran away from home as soon as there was anywhere to run to, so presumably there was a reason. Nothing is done about this.

Like many patients and patients-to-be, Miss Minn appreciated that the examination could "create" as well as expose the symptoms of "madness." She had been reluctant to talk, because "she thought that talking too much was the cause of getting her into trouble before." Her language was selectively quoted against her, as if her moral depravity was best conveyed in the argot of a sub-class: "`You bet your life I'm not quiet'." Talking really did get her in trouble!

"H.C." [Dr. Harvey Clare] noted on January 3, 1911 that "she seems to be a bad tempered girl" on the basis of her occasionally getting cross and scolding other patients. At the same time he attributed to her considerable vivacity, the capacity to laugh at a word. He did not attempt to connect one attribute to another, to suggest a more balanced or even a who le personality, but presented them in isolation, in which case the "negatives" naturally outweighed the positives. In isolation either attribute would indicate shallowness and stupidity.

Miss Minn really was sociable, and missed normal social routines, like going to the movies in the evening. An entry dated February 23 1915 describes her staying up to midnight with the night-nurse, and going downtown with the nurses to the "picture-show." She got along well enough with one nurse that the latter even agreed to share a room with her on College Street after she left the Asylum to work at a "ladies fancywear company." The nurse seems to have found the patient a job at the same place, till the doctors intervened and ordered her to bring back their patient or "it would be very serious for her." The doctors still anticipated a crisis, convinced that "she has a psychosis upon a marked defective basis." After wholesale labelling and condemning of her "proclivities," they waited for her to "do something" and even seem to have precipitated the doing of what they were waiting for: "Since coming to this Institution her language has been fairly clean, but an out-break may be expected at any time." At they same time they themselves grudgingly acknowledged what many would have surmised already, that she was not really mad, but "at the present time ... nothing more than being perverse."

They got what they were looking for (and probably precipitated). She had a special feeling for Dr. Clare and, at the end of an assembly on November 20, 1911, as the patients were leaving the hall, slapped his face. This might have been an outbreak of that bad temper noted earlier in the Record. At any rate, a

letter in her file indicates that she apologized to Dr. Clare "for my rudeness" and expressed her willingness "to let bygones be bygones." Whether Dr. Clare expressed a similar willingness to forgive is not recorded. On October 8, 1912 she barricaded herself in her room with another female patient who had been allowed to visit her. In her fury she broke "twenty lights of glass." By December 7, 1914, she had calmed down. She spent her time attending the weekly dances, and decorating her room.

On June 30, 1911, she eloped but was arrested at 9 P.M. in Parkdale by an attendant named Cassidy. She had evidently been propositioning some man. In October she was more rebellious than ever. She had to be confined to a single room and given rugs instead of sheets, because rugs were harder to tear. She eloped again on June 4, 1916, using a key this time. On June 30 she was arrested with a well-dressed bootlegger with whom she had been living on Carlton Street. At 7 P.M. on August 11, 1916 she eloped again, using a key stolen from a nurse's ring. She was arrested a few days later near her brother's house. She said that she had been staying with a Mrs. Pickup on Church Street and that she had a job in a munitions factory, but had quit because of the noise. On September 12, 1917 she got "all dressed up" to see her mother (she said), but instead eloped again. The patients watched her go, but said nothing till she had left the grounds. She was written off on October 12, 1917.

Her file contains some interesting letters addressed to soldiers in hospitals in England and Canada. She is clever and even generous, considering her own confinement, to attempt to divert her readers by unflattering self-description:

> If you seen me you would scream for assistance. I have a face like a carrot[,] a shape like a catsup bottle and my feet run all over the sidewalk. Some chicken believe me. Are you one of mamma's boys? We have a battalion over here called mamma's darlings and believe me they are some boys.

She is also frank about her profession, if not her avocation:

> I am employed at the sausage factory putting hamburg steak in tights till 8 P.M. then I work for street and walker cutting corners and polishing nails. Some job believe me.

In one letter she mentions having difficulty writing because of a "bad finger." A note in the Record for June 28 1916 indicates that she was "suffering from a felon on her finger and she [would] not let me see this."[132]

(Occupational Wanderering)

While Clarke believed that industry was potentially a whole new domain for the exercise of psychiatric authority, or as he put it, "a live issue," he did not think that factory girls deserved even a minimum wage.

He described for a popular family magazine some of his encounters with these so called "immoral women" and "mental weaklings."

Writing now as the head of "a large psychiatric clinic," no longer an Asylum with a fixed place and a definite inside and outside, but a more diffused entity or a "virtual" asylum with tentacles reaching into community and nation, Clarke began his discussion of what he called the "occupational wanderer"[133] with stagy, obviously contrived dialogue between himself and an ostensibly "upper-class" gentleman. The latter facetiously speculated that he must be an "occupational wanderer" himself, having had "more than two dozen jobs in my life" (22). Clarke comfortably assured him that, since his jobs have all been "onward and upward," he could not be an "occupational wanderer," whose jobs were always "onward and downward" (22).

Clarke illustrated what he meant, with the narrative of "Betsy W." "Betsy" talks like a "B movie" gangster's moll; Clarke's own voice is scarcely better realized, unless he wanted to sound as condescending as he does here:

> "Well, Betsy, what's the trouble this time?"
>
> "Same old thing, Doc, fired. Gee, this is fierce, and now another course of treatment in the Out-Patient. Doesn't it beat--"
>
> "Never mind what it beats, Betsy, you don't need to finish the sentence. For what were you `fired'?"
>
> "Nothin' worth talkn' about. You know I was a usher in one of the Vawdevilles and got all broke up on a trapeze artist and stayed away two days. Told them I had a cold, but couldn't get it across. Gee, but I had some swell time though!" (22)

Clarke concluded the "interview" with the observation that "Betsy is a typical occupational wanderer, a pretty little butterfly with an undeveloped brain" (22).

He did not, however, really consider anything "Betsy" said, such as the indications of sexual exploitation by male employers and generally deplorable working conditions, "Betsy" being poisoned by the chocolate she handled in the candy factory, etc. Instead he dwelled on her "extreme demi-monde fashion, bobbed hair, stockings of filmy thinness" (22). As if for dramatic effect, among all these signs of fallenness, he remarked her "complexion that is only too evidently made-in-Canada" (22).

Then, superficial as his own analysis was, Clarke accused her of superficiality. He doubted that she even had any emotions, but felt certain that if she did they were "so shallow that it is scarcely possible to notice them" (22). Clarke obviously had difficulty noticing them.

He similarly failed to notice that "Betsy" had any sense of morality, although she at least admitted that she was "immoral" (22). The word that Clarke used to characterize her particular form of immorality, her "capitalization" of her beauty, offered an obvious connection between her personal immorality and that of

the society that exploited her labour by day and her sexuality by night. But Clarke declined to explore such nnections, if he noticed them at all, his allegiance evidently being entirely with the factory supervisors to whom she is "a stumbling block to the efficiency of the plant" (22). Such connections, and incriminations, are implicit throughout Clarke's essay, which easily lends itself to reversal: the interviewer interviewed by his interviewee, albeit posthumously, and all the more effectively because unwittingly. It is arguable that Clarke did not read his own "interview" any more sympathetically, or carefully, than some of his patients' Case Files above. He really was unsubtle.

The irony becomes all the more obvious when one realizes that Clarke is actually afraid of Betsy as a perpetrator of "almost irreparable harm to the community" (22). Assuming the stance of a cautious reformer of popular stereotypes, challenging the depiction of such women in the popular media as more intelligent than they really are (23), while (of course) exploiting and reinforcing such stereotypes, he urges us to see "Betsy" as she "really" is: "a hideous skeleton in the cupboard of civilization" (23). Fearing her himself, he warns us to beware of her type as it includes "the developing paranoids who are nursing ideas of persecutions and flitting here and there to get away from their imaginary enemies" (22). But who is afraid? Who is paranoid? The case of "Jennie" is similar. A "high grade moron," her animal energy and good looks compensate for mental deficiency. After she tires of stuffing chocolates boxes at sixteen dollars a week and takes to "a pretty continuous life of immorality," she could "easily corrupt a whole circle of weaklings if left to her own devices" (41)) and is "as dangerous as dynamite in the community" (42) -- till she is institutionalized.

(In Loco Parentis)

While the absence of his parents, or of anyone to act for him in loco parentis, could account for at least some of Mr. Ross's wandering, this absence is given almost no weight in the Clinical Record. The Asylum itself seems to have filled that void -- not very well, according to Mr. Ross himself.

Much of Mr. Ross's Clinical Record is a paraphrase of the life story he told to the examining doctors. It is a tale of rather typical adolescent drifting. He withdrew from University because of bad health, and worked for uncles out West, where his health did not improve. While he could not enjoy the usual family and school contacts, his aunt and uncle discouraged him from making friends -- they tended to consider most of his peers "inferior." He got into serious trouble for "extravagance" on a trip to Winnipeg -- he spent $85.00. Naturally he got depressed (even if the authorities encouraged him to think otherwise):

> During the first part of his residence in ---- he would not speak to any one. He never went to church or concerts and could not look any one in the eyes. He strove to overcome these feelings, but was ;unable to do so. He would go to the stable talk to the horses. He never wrote letters home, but at times would break down crying, feeling very blue, and at the same time he admitted there was no adequate reason for this depression.

Troping the Asylum

One object of the examination was to make the patient agree. Dr. W.J. Robinson, Superintendent of the London Asylum, complained on April 21, 1910, that Mr. Ross "gave a clear account of his erratic actions previous to his admission but had no adequate shame for, or realization of, the foolishness of this conduct."

He subsequently returned to the Manitoba town where his uncle lived and became involved in the local Athletic Association. According to his own statement, quoted at length in the record, "here ... his troubles began." His uncle had resigned from the same organizaiton because of "crooked work" between the Vice President and the Secretary Treasurer." Mr. Ross was elected the new Secretary Treasurer at what he characterizes as "a very stormy meeting." With more statistics like what he uses above to objectify his point of view, he describes in a highly circumstantial and enumerated accounts how incoming moneys were not being reported but were presumably being pocketed by the executives, Dr. W. and Mr. G. He also expresses considerable animosity towards Dr. W., who, he says, "owns the soul of nearly every man in a radius of 25 miles." Dr. W. had built the block of offices in which the Association rented rooms, so as current president was also in conflict of interest. Dr. W. had defeated Mr. Ross's uncle in the mayoral election of 1907-8. He was also, at least according to Mr. Ross, "practically the whole school board." This fact, besides the hostility between him and patient's uncle, might have aggravated the Mr. Ross's animus against him. Mr. Ross had been a teacher himself. This might account for his slightly lurid characterization of Dr. W.:

> Dr. W. is a boozer [and a?] fighter, and last March [he] got too merry with the Indian women on the reserve. That is only one of many orgies that he indulged in frequently. He is a race track gambler and expert card player. He is as smooth as silk and as clever as the best.

He characterizes his relations with Dr. W. and his cronies as "open war." He began to gather evidence against Dr. W., but when the uncle heard of this, he "called me down for everything consecutively for half an hour and then for 1 and 1/2 hours told me how to go ahead, which was more to the point." His uncle advised him to resign: "I had run down a whole lot physically that week, and was filled with excitement morning, noon and night."

He also clashed with his uncle over his "rushing" of various girls in the community, which he justifies as done "in order to occupy my spare moments and in order to save a decent girl from disgrace." He stresses that he "even went so far as to sit on the sofa with her, but I never went further." Besides this "little Ontario girl" he took his uncles's hired girl home, one night, and did not return until midnight." The uncle severely scolded his nephew, who characteristically enumerates the points against himself, which he energetically refutes. He explains that he took the hired girl home at the suggestion of his aunt; he admits "rushing" the "little Ontario girl" but reserves "the privilege to rush any girl I please"; he talked about speculation but "all talk about [it] was pure `josh'" so he had not deceived anyone; he did not deny spending money on horses but insisted that he "was making money in ways my uncles had no idea of" so reserved the "right" to spend money as he saw fit; he had not been lazy about the garden, but had planted 28 hills of early potatoes before anyone else in town had ever begun to dig, etc. He concedes that he was

not in the store very often at night, and somewhat disingenuously confesses to being "a darn fool" and that he has "frequently been told so by others and more so by [himself]."

Mr. Ross quarrelled with his aunt and uncle over the kind of people he chose when asked to invite some guests to a tea. He states that this caused "dissention in our peaceful [sic] domesticity. She and my uncle did their level best to make me feel uncomfortable throughout the evening." At the same time the patient seems to have played the part of charming young man very well. At least he seems to have had greater social skills and sensitivities than his aunt and uncle. He implied as much when he characterized her as unable to "talk enough sense herself to last an ordinary intelligent person five minutes." He had appreciated that "there were two girls and one boy who had never been in the house before and naturally felt a trifle backward in coming forward." Mr. Ross attended to them while his aunt and uncle "spent the time talking to or being talked to by Mr. ----, Manger of ---- Bank. " Nevertheless, the evening was the source of another bad quarrel, with his uncle and aunt making various points against him, like the ones the uncle had already raised, which Mr. Ross again enumerates here in his characteristically circumstantial and slightly obsessive manner. His uncle and aunt must have been a rather snobbish couple. Just as the uncle had objected to his nephew's eating with working-class women, he objected to the last night's "mixed crowd" with "bank managers and grocery clerks playing cards at the same table."

Mr. Ross continued to see the "little Ontario girl" surreptitiously, and to study and play the piano in a local minister's house, where he had been given free access to the library. In May he began to borrow a lot of money from various people, ostensibly to buy Prince Rupert land in British Columbia. At the last minute, with a concern for appearances that is beginning to seem typical, his uncle persuaded him to go east instead, because "he thought that the people down east would imagine that he and I had fallen out and that I had left in a fit of anger." After yet another a circumstantial enumeration of monies received (primarily loans) and spent, he concludes:

> I think that [to] account for an expenditure of $170 to within $.05 not having kept track of it through out is sufficiently sound proof that there isn't much wrong with my "think tank." It is not too full, or not too empty but just on the level as it always was.

While the expenditures themselves might indicate extravagance, Mr. Ross feels that the circumstantiality of their record is a greater indication of sanity. Dr. Stead presented him at a Conference on July 29 1910 as a case of "Hebephrenic Dementia Praecox." He was discharged March 19, 1911.

Mr. Ross describes early stigmatization, abandonment, and blasted hopes -- a great life wasted -- on account of being committed to the Toronto Asylum. On June 19 1910 he wrote a girlfriend, just after Dr. Stead had informed him that he would have to remain in the Asylum for at least another 6 months. He had expected to get out in a few weeks. In his disappointment he feels that "they all know perfectly well that I am a sure cure, that I have much greater self control than any other member of the family." He believes the authorities want "to humiliate and annoy me, and to crush entirely what manly spirit I can still

call mine." No doubt he feels crushed. For now at least he feels he cannot bear it and that no "just God" would ask him to. His routine does not seem entirely unpleasant, but the loss of freedom galls him:

> There has been perfectly glorious weather here lately, and I have had a pleasant time playing baseball for an hour each morning and afternoon. Otherwise, I am locked up inside, and am never on any condition outside of my room after 5:30 p.m. or before 10:00 a.m. So, although this is the sort of weather in which one would like to be outside of an evening, yet I am locked in a 12 x 6 room. The same last summer, and to all present appearances, the same for all time, and the Lord only knows what we'll get for eternity.

Even worse than this, according to Mr. Ross, is the neglect, and the consequent sense of having been abandoned by all his "friends":

> To think that I never get a line from anybody, old or young, that none of my many Toronto relations and friends (?) except my brother and cousin, come to see me, and that nobody at all ever sends me anything in the way of books, magazines, tobacco, or things like that, to think of all these facts is to be deprived of one's faith in human nature, and to believe that all men are fickle, and women doubly so. I know now what to think of those who were only too pleased to be "nice" and "friendly" to me as long as my money and conversation flowed fast and free: but who are entirely oblivious to my existence when I am down on my luck. I know how to think of them now, and try hard to say "Father forgive them; for they know not what they do." More often I fear I ask God to damn then, for I do feel very bitter some whiles.

He is especially stung at having received "no word of cheer" from his small-town aunt and uncle, though such neglect seems consistent with the conventional behaviour and expectations of his very middle-class relatives. In his present despondency he believes that "truly might the front portal bear Dante's line `spem deponete ... initieri'." His language, studded with melodramatic phrases like "I have abandoned all hope of success in this fleeting and ephemeral world," suggests that however transitory he thought the world was he was still posing for it -- and his female addressee especially. The myth of a promising career wasted, as opposed to a promising career awaiting, could be used to obtain not release but pity.

While his letter is not so much "Life Story" as a suicide note, written rather melodramatically from the viewpoint of "abused ... golden opportunities," it also contains some valuable insight, consistent with some of the information above. In the family context he seems to have suffered for not having a mother and father to speak for him, and to have been stigmatized, by an aunt and a sister especially, "that I was the black sheep of the family[:] `He is a discredit to the family and a disgrace to his future Alma mater' is one of the many remarks my sister ... made about me in Toronto." He was similarly stigmatized in High School and later at Queens. Such a narrative would be self-defeating in terms of obtaining a release, but here he clearly wants sympathy.

He recalls adverse family reaction to an incident which got him expelled from school when he was 11 years old. He insists that it had been precipitated by another boy: "I was hounded morning, noon and night for more than a month. `But ----, Dear, it's all for your good. We punish you because we love you so.' Hell!" Subsequently in B.C. he was hounded by his uncle for "vulgarity," which, as he interprets it, "meant hard toil and over-alls." He could not win:

> I lost job after job, was scolded by Uncle ---- and Aunt ---- for keeping them, and by ---- for throwing them up. Therefore melancholia. Therefore Asylum. Therefore insanity. Therefore hopelessness for this world and the next. Therefore what I have already determined.

(Labelling -- A Bungling Father)

A letter to his father from Mr. Cooper's former employer, dated November 25, 1910, indicates how a man could accidentally be labelled by his own father -- with disastrous consequences. The supervisor's impression of his employee's character seemed to alter as he wrote. He "remembered" that he began to suspect that something was the matter with Mr. Cooper when the latter, who had been a "capable" teacher for the first month of his contract, stated his intention to quit on November 30. However this impression was strengthened by the father's enquiry, for the supervisor now feels that if he had received it earlier he would have "dismissed [him] at once." He similarly revises his opinion of Mr. Cooper, retroactively: "I have thought for some time that there was something wrong with him." Nothing is made of the young man's expressed aversion to "school work," his own opinion that "it would be better for the children and himself for him to quit."

The supervisor was evidently the source of the father's information, related to the Asylum authorities, that his son had "acted queer" in school. He related the children's stories of the young man forgetting that the had asked them to stand up, laughing without reason, gazing out the window, etc. He also made a great deal of his "walking along an untravelled and swampy side-road," and lecturing (the very evening of the day of writing) in the Town hall on "the advantage of 60 acre farms instead of 160."

The supervisor conspired with the father against the son, warning the father that Mr. Cooper probably had no intention of going home to stay, and intended to begin a lecture tour as soon as possible. He urged the father to "come right down and I will do all I can to help you to get him to go home," and offered to concoct a lie that a portion of Mr. Cooper's pay had had to be withheld -- "that we were a little short" -- in order to deprive him of the means of going away.

The father seems to have been at once authoritarian and sickly. Mr. Cooper wrote Dr. Stead regarding his problems with his father, in particular his frustration at his father's "bossing." According to the son, the father's "determination to boss me" has given the latter "more trouble ... than by all the ministerial difficulties that fall to his lot" and possibly "wrecked" both their lives. He tries to enlist Dr. Stead on his

behalf, to influence his family to allow him more freedom "to complete and execute my will," and to loan him "enough money to carry through my lecture, possibly in Toronto."

In a letter to Dr. C.K. Clarke of December 12 1910 Mr. Cooper's father expressed misgivings about how much his son's doctors had been influenced by information from himself. Dr. Clarke replied on December 13 merely that the young man was suffering from dementia praecox ("a well defined mental disease") and that his prognosis was "very doubtful." The father wrote Clarke again on January 9, 1911, and stating more explicitly his concern that his previous information was in its "very nature ... a one-sided statement -- not a biography so much as a selection of peculiarities." The same could be said of so many case histories! He proceeded to list his son's many virtues, his intelligence, his capacity for fiercely loyal friendship, his generosity, his thoughtfulness, etc.

This second letter to Dr. Clarke seems to have been precipitated by statements that Dr. Stead, who had examined Mr. Cooper for the Conference Report, made in front of the young man's mother and the mother's close friend, a professor at the university. Stead had described Mr. Cooper as "inferior in native and acquired endowment." The father was as offended by this as the mother, and insisted that "in the range of his sympathies and interests [his son] was superior rather than inferior." Having heard nothing from his son, and confident that his son would have forgiven him by now, he wondered if his letters had intercepted, as "not considered passable" [sic]. Of course, they had. Clarke replied by asking him to ignore the issue of his son's resentment altogether, as "just an outcome of the disease," and by dismissing all of his son's letters as "so insane that they would cause you pain rather than satisfaction." The effect of Clarke's diagnosis is to utterly dismiss Mr. Cooper's point of view by reducing it to a "symptom." He subsequently has nothing to say -- or write.

Yet these letters are an eloquent indication of Mr. Cooper's state of mind -- and his reasons for it. Like Mr. Ross above, he keenly appreciated the disastrous implications of having been committed, and worked off some of his despair in a series of metaphors:

> My career hence-forward will be somewhat like the steam engine's flash-light: travelling on, on, on, and never stopping. Or better, like the man lost in the woods and travelling in a circle. Again, like one who, without compass, might attempt to cross Lake Superior from Duluth to the Sault in a row-boat. Or to be plain, like one who, with all things necessary to reach the desired end, deliberately takes the key that should open the door of his prison and throws it out the window.

The tenor of all of these comparisons is the long, slow passage of time bringing about nothing -- except loss, ruin, extinction.

To write his father on January 5 1911, he had to ask Attendant Johnston for pen and paper. It is odd to think of the authorities supplying the materials for a letter they intended only to intercept -- or dismiss as "insane." The son's concern to point out that by calling his father's letter "interesting" he was not being sarcastic, like a "newspaper or marginal reader" returning a rejected manuscript, seems instead to highlight the possibility. Moreover, the denial momentarily puts the father in the position of the rejected author, the

likely vengeance of a son humiliated partly for his literary pretentions. Mr. Cooper proceeds to hints at more serious sexual matters which his father, a minister, had been unable to address or had failed to recognize because "you preachers, fire-men trying to extinguish the Burning Bush ... you preachers are good fellows: but you don't kn(own) the whole cheese."

In his admission narrative Mr. Cooper had dramatized the negative role of a particular physician. He concludes this letter to Dr. Stead with a bitter "final suggestion" that he show his letter to Doctor McKay, evidently for him to show to his "rival practitioner" Dr. Ross, to correct what he, Mr. Cooper considers his excessive "veneration for the superior wisdom of his rival practitioner." He refers to Ross as "the fatty who will always regard [himself] as a graduate masturbate" [sic].

Of his all his physicians Dr. Ross incurred his special enmity for making insinuations about his sexuality. He alleged that when he was coming down with typhoid fever he consulted Dr. Ross who "advised that my penis be circumcised." A little later he blamed Dr. Ross for inadequately helping him, when he was "a nervous little book-worm who had not masturbated twenty times in the unusually brief period in which I was a victim of that inevitable youthful danger." It is unclear whether he was angry at Ross for diagnosing him (and stigmatizing him), for not diagnosing him sufficiently or in time to prevent further danger, or for not allaying fears based on (false?) notions that "seminal fluid was extracted from the brain," that such emissions were "liable to decrease the brain power," etc. It seems likely though that he blamed his present mental condition on a habit of masturbation which he felt Dr. Ross had not adequately helped him to cope with or control.

Mr. Cooper's letter suggests that he was dogged by fear and anger that his masturbation had led or at least significantly contributed to his present problems -- and a desire to deny that he was a masturbator at all. Toward the end of the letter he inconsistently asserted that "Dr Ross, being one of these individuals who live on superficialities, does not know an earnest young person when he sees one. He took me for a masturbate." At the same time he believes masturbation, either real or alleged, figures prominently in his case: "so long as you agree with him, I shall be force to let the people here do as they will with me." He intuits (correctly) hat his letter might be used against him: "I know damned well that the expression I am penning this morning may, very likely will, result in my being detained in this here beauty-parlour for an indefinite period."

Mr. Cooper was released on probation in the summer of 1911. On August 5, 1911 his mother wrote the new Superintendent, Dr. Forster. She thanked him and his staff for her son's recovery, but expressed bitterness about Dr. Stead for "the cruel things he said to me on Christmas day 1910." Harvey Clare, an assistant, finally wrote an apology on August 8, 1911.

Mr. Cooper subsequently worked as a deck-hand on a Great Lakes freighter. For a few weeks he did well. Something, however, happened to him in Detroit. He disembarked and took to the road, eventually winding up with family friends in Boston. His mother retrieved him in very bad shape, and the family wrote to Dr. Forster to take him back as quickly as possible. He replied on January 19, 1912 that he thought the best place for their son was the London Asylum, with its "many avenues for occupation."

Ironically, or tragically, the file contains a letter from that institution, requesting that Mr. Cooper's case notes be transferred. The letter is signed by Dr. Stead. Dr. Forster replied, rather waspishly observing that "the patients at that time had better histories written on them than Mr. Cooper."

Some Observations

(The "Individual Approach" Not Personal)

At least some of the behavior recorded as evidence of insanity in the above cases, seems no worse than what might be reported of anyone subjected to intense scrutiny, and painfully aware of being scrutinized. At the same time there is often only too little self-consciousness on the part of the examiner, who seems blissfully ignorant of causing (or at least aggravating) some of the phenomena he observes. Other material is recorded as if it were delusional, even when elsewhere it is corroborated as fact. The "Record," which ought to have presented evidence, not only creates but interprets it too. Unfortunately this interpretation tends to be one-sided, selective about what constitutes information, and arbitary about evaluating it.

In other words, the "individual approach" in the name of which Clarke began to accumulate such files in the first place, seems at best only selectively and sporadically personal. The above readings suggest that the "individual approach" could not work if it was not personal, and could not be personal if it was not mutual. Easier said than done perhaps.

Mr. Robert, admitted on July 27, 1909, was described as "very fond of music," excitable, unsteady at work, impulsive, and "very" passionate -- and diagnosed as a case of "Hebephrenic Dementia Praecox." He considered himself a poet. In "Queen St. Asylum"[134] he presents us with a version of the asylum doctor as busy and officious expert. Robert and his fellow inmates, as inmates of insane asylums probably always do, try to get out by convincing the doctor that "were all right." The doctor, either very brusque or very conceited (or both), "knows were crazy at first sight" [sic] and dismisses Robert and his friends with a placebo of "saults."

Everyone has a "good excuse," the author included. He tells his to the white-coated Dr. Campbell, who answers "its no use." Robert bleakly observes that it is easier to get in than to get out. The doctor "laughs as he passes by" and the "lunies have a good cry." The doctor/patient relationship is analogous to that between performer and audience, or spectacle and spectators as "Every morning Campbell takes a trip / To see us lunies on the rip." Robert's diction reinforces the analogy, as he and his companions "perform" for the authorities the very antics the latter have come to "reform" them of. The reference to Dr. Campbell's spectacles is significant in the context. Robert's praise is mockingly familiar, as he observes that women find Dr. Campbell "cute," and that he himself would like to have him for a pet. If it had really been so obvious, perhaps he would not have had to say so. Dr. Campbell is the sort of man

who laughs at his own "jest of some kind" and is "very clever in his mind" -- and "of course [Dr. Campbell] will not deceive." There had to be more dialectic.

That was also the implication of Mr. Alger's assertion of the importance of "personal influence" -- a not very veiled criticism which many patients made in various ways. One of Clarke's "occupational wanderers," Mr. Alger voluntarily admitted himself on November 18, 1911, after a period of hardship and itineracy that brought him from Toronto to Montreal and back. He had finally been hospitalized with T.B., but had left the sanatorium rather than undergo an operation. At the Asylum he was diagnosed as "an incipient case of catatonic dementia praecox, probably induced by physical condition." He finally died of tuberculosis in 1914.

The hardship of his life is as striking as any "delusions" or other eccentricities noted in the "Record." His mother had died when he was only 16 and, while boarding with "mostly medical" students at Queen's University, he found escape in reading. Besides the job in Montreal, there had been various jobs in Quebec City, Buffalo, and New York. When not working, he was in the library. He would walk the 50 miles to Toronto along the CPR tracks, trying to solve "The Problem of the Fourth Dimension."

Among his papers he left behind two related essays. The first, entitled "Our Medical Staff," describes some of the Asylum doctors, just before the outbreak of World War I. In Mr. Alger's depiction, they are rather remote individuals, too wrapped up in themselves to notice their idiosyncrasies (let alone Mr. Alger's). The opinions of the superintendent, at this time Dr. J.M. Forster, carry more weight in the Asylum world than Teddy Roosevelt's in the real one; but they are bromides about "fresh air" and "mental and physical hygiene," whose only effect is to make flies scarce and fresh air plentiful in his office. Dr. Clare, his assistant, is the "chief of works, chief lever-puller, and major-domo"; Mr. Alger remarks the "abysmal profundity of his lectures in psychiatry," but that most of the patients liked him -- a heavy man, fond of laughter, good-natured and boring. The first assistant physician, however, was a "great dispenser" of smiles, a lady's man with an annoying habit of looking at his bank book. The main thing he noticed about the pathologist were his "lovely teeth," which unfortunately went with "biting" remarks. He was unpopular with the stenographers, who found him "pedantic and dogmatic on occasions."

In the second piece, "The Personal Influence of the Physician in the Treatment of Mental Cases," Mr. Alger argues for a more "individual" approach -- which toward the end of Clarke's tenure at the Asylum, is still far from the reality. He urges physicians to tailor their authority according to kind of patient. "Semi-intelligent and poorly educated" patients only understand "brute force," so have to be dealt with by the attendants, though at the cost of any remaining self-respect. But "intelligent and educated" patients ought to be the responsibility of the superintendent and his assistants, since such patients are capable of recognizing and appreciating their authority. But this clearly a reciprocal relationship. Unless acutely ill, they will make their own "mental estimate" of the doctors. Many patients know that "they are not what they should be," so will submit to the doctor's authority, provided that he displays "character and intelligence." It is therefore in the doctors' interest to be courteous and considerate of these patients. The better the first impression, the greater the chance of a cure. Conversation, "views and timely observations," the very sort of things doctors have least time for, would do as much as "drugs, baths, etc."

Mr. Alger concludes that Doctors should be men of "striking personality," notable for "culture, delicacy and learning," not "despots, as has often been the case, in the past." Meanwhile many doctors continue to behave coarsely, or conduct themselves in a manner "socially inferior" to "intelligent and refined patients." Patients are treated as "general merchandise," and "voluntary patients" -- ie., like himself -- have to "leave their individuality outside the hospital doors" -- which he for one is loathe to do. So much for the rhetoric of an "individual approach." Suffering acutely from the effects of tubercular peritonitis, and depressed over his blighted prospects, Mr. Alger repeatedly attempted to commit suicide -- his own life was conspicuous for the absence of anything like "personal influence."

He describes how, after his mother's death, he left home to live in a boarding house. He seems to have spent a lot of time brooding in his room, when he first began to have delusions that "invisible people are around me." He feels that they are "sitting beside me and making fun of what I am thinking and writing" -- at this very moment. He had similar delusions while working for a tester at General Electric. People said he studied too much. He underlines phrases like "at home" in order to qualify them, because "I can never remember the time when I actually did feel at home." He feels that this sense of alienation contributed to a sort of reversal whereby he was unwilling to "accept facts as facts," but over-ready to believe anything "in the nature of a hypothesis or theory."

Such distortion extended to his relationships with people. He distrusted his "so-called relatives," but increasingly came to believe in some remote "someone that I could trust." He began to feel that he "didn't belong to the country at all," and spent more time in the library, reading books "relating to foreign countries." He relates how he spent his time "mentally designing" the fortification of an island hide-away he wanted to escape to. "The magazines, my private suite, the various style of uniforms, the map-room, etc." became more real to him "than anything that actually happened around about me." He designed his "Perpetual Motion Machine" in order to supply himself with coal. He wonder if aliens from "some other planet" where he had been the prince are trying to "make me go crazy" so that he can never return to power. People say he studies too much. He supposes he does, "on such a problem, so personal." It is hard to believe that if Clarke's "approach" had been operative, that is personal, his own "case" would not have been read more favorably -- and a lot sooner.

(Turning Asylum Inside Out)

One very important element which Clarke and like-minded colleagues would have discounted, thanks to their one-sided and hostile reading or wholesale dismissal of patients' writings, is the role of the Asylum itself, in others words of "therapy," in causing rather than curing mental illness. Mr. Peters, admitted in March of 1909, and diagnosed by Dr. Clarke as a case of paranoid dementia praecox with "grandiose notions," found the Asylum physically and morally damaging. Something of a projector, he had editorialized in newpapers on the importance of fresh air; he was understandably offended by the Asylum's notoriously bad heating arrangements, in particular the "dirty, toublesome fireplaces .... injurious to the health of many inmates."

Mr. Peters was even more offended by the Asylum's moral atmosphere, the "nerve-wrecking filthy and blasphemous language by inmates," and the harsh punishment by staff of patients' "objectionable habits which they have been allowed and given time to practice and cultivate until mania develops." He later eloped, and in a letter complained to Dr. Clarke that he had "acquired the art of `picking' door locks as one result of being imprisoned in a Government institution for crazy people."

Miss Dickens, admitted for the first time in 1895, had similar complaints. She wrote to Dr. Ross on April 7, 1922, describing her first visit to the Asylum nearly thirty years ago. After fortnight-long periods of insomnia every few months, and her "unconscious mind ... registering all the filthy remarks and the brutal treatment," she really went mad. It seems she also learned how to masturbate, or her ward-mates did, since "anyone can hear just how Toronto [Asylum] teaches immorality to the young." She developed the governmental status of the institution into the idea that she and other female patients were "Government Bonded White Slaves (otherwise known as patients in the Queen St Asylum)," the nurses a "huge criminal organization."

Miss Dickens's complaint is convincing in its details, even if her overall construction of them sometimes seems improbable. She remembers the time she was a patient on Ward 5. Her first Supervisor was Miss Campbell, under whom "everything was fine." But under Miss Campbell's successor, Miss Middleton, "it was hell." According to Miss Dickens, Supervisor Middleton "actually killed" a patient, "and she did it in less than three weeks."

Miss Dickens reminds Dr. Ross of an episode of abuse, and of how the Supervisor concealed it from him when he "stamped right through the corridor or connection as it was called between [wards] 13 and five ... being determined to stop the cruelty if possible." While Dr. Ross inspected the toilets, looking for the abused patients, "locked in the nurses private toilet there was a patient with two black eyes Miss Middleton had given her." She adds that "I was in there when Rose Middleton said `Now you get in there and if you utter one cheep or make one move I'll kill you'." Her story, with its details and its integration into the physical layout of the Asylum, seems convincing.

One day the Supervisor asked Miss Dickens to clean the windows in the sitting room. Lining up to get clean cloths, Miss Dickens got into a conversation with a male patient, also lining up, about the "new" Reception Hospital, from which the man had recently been admitted. Miss Dickens reminisced over "the days when I was put in jail for insanity, as they had no reception hospital then." Supervisor Middleton, overhearing her, observed that "`you would not have been there if you had not been a bitch'."

Miss Dickens was still being discharged and readmitted throughout the 1920s. She was readmitted on March 27, 1922. Her correspondence indicates that she was preoccupied by the same sort of things that had worried since about 1900. She too seems to have become a part of the historical consciousness of the place, although to Dr. Clare she seems to have become merely a nuisance. On May 2, 1926 she accuses him in a letter to Inspector W.W. Dunlop 1926 (her 18th re-admission) of complaining to her brother that she "was alwyas interfering in his [Dr. Clare's] affairs, and that half the nurses wanted to resign when they heard I was coming back here." The letter is addressed to Inspector Dunlop as himself a prisoner, not in

an asylum but in gaol, where Miss Dickens vows never to desert him, in consideration of all his investigations on behalf of herself and other patients. She reminds him that "even if you did take some moneys," he should still be happier than "those people now at liberty who murdered helpless patients." Inspector Dunlop was indeed himself "committed," or rather sentenced (along with a junior inspector named F.C. Williams) to terms in Kingston Penitentiary, for "stealing public money."[135]

It seems fitting that Miss Dickens knew the Highchurch family, and was a friend of the daughter who died of erysipelas in 1923 (see previous chapter). Miss Dickens and Miss Highchurch were close. In her letter to Dr. W.K. Ross of April 7, 1922, Miss Dickens states that, at the bedside of her dying friend, she renewed her vow to avenge a "murdered" patient. The rest of her letter is a highly circumstantial complaint of the abuse of patients, which Miss Dickens feels is a major part of the history of the place, as long ago as the time of Dr. Daniel Clark, who "knew that cruelty went on ... and did his best to stop it" but underestimated the "gang he was up against."

The fact that Rev. Burns (the "voluntary" admission discussed above) was committed to the Asylum (and not, as he had expected, admitted to the General Hospital), seems to have aggravated his illness as much as the duplicity involved in his committal. A fragment of dialogue records his impressions:

[Dr. Williams] What made you do that?

[Rev. Burns] The horrors of a life like this.

[Dr. Williams] Afraid here[?]

[Rev. Burns] The fear of life in an asylum.

[Dr. Williams] You feel hopeful?

[Rev. Burns] It is the very worst place I could be to get well.

During another interview with Dr. Williams, Rev. Burns complains about the loud noises he heard during the night:

> Good Lord! that noise last night was terrible. Can't I do anything Williams to escape that. Is anything like that ever treated with serum?

Rev. Burns's fears of the Asylum were sufficient to be remarked by Dr. Williams in his "Summary," along with the suicide attempts. It is striking how much of the behavior noted here was directly caused by admission or committal to the Asylum.

Miss Pearl was admitted on July 8, 1913, after suffering a "nervous breakdown" possibly brought on by the strain of nursing a sick father. Dr. Biggs observes that Miss Pearl's conversation was "disconnected

& intensely self-centred." A sample was put into the "Clinical Record." It might be "disconnected" but it presents the "stream of consciousness" of someone recently admitted to the Asylum and not yet too jaded to notice its stimuli:

> This crazy business is not what it is cracked up to be .... some Drs. I know are not peace makers, are no good, I can work peace at home. I can tell a great deal about insanity. I can smell it, and then I work my way out. I think it is Providence that sent me here. If I had not trusted in Providence, I would not have got through the last 3 months .... I want to get busy, so I can take my mind off myself .... I never tie a knot with my tongue that I cannot untie with my teeth. I will hang a shingle out against you Dr., I will not work for less than $10.00 a day. Some people run around here with a handful of keys. I do not know what closed doors mean. It would just kill my father, If he knew I was here. He will be here in a few days. His head is bad enough, without worrying about me. I suppose if I would break down and cry, they would like that. I would sooner take up a chair and smash their brains out. I did not come here to be bossed. Hear that noise? That patient has got to be moved out of the room [patient heard somebody pounding upstairs] .... I want that woman taken away. My head is sore enough now, some poor soul in distress I suppose. When I was in Peterboro I did not have to wait, I know where I am well treated and where I am not. I would not give my little finger for their whole carcass. I think too hard, that is what hurts my head. My brain had a house-cleaning about three months ago. I never had a horse run away from me. I am not so crazy as cabbage looking. When I went to Rockwood, I knew I had found my mission. I could manage the patients better than the rest of them. I only had to get advice from the matron.

Miss Pearl's mocking claim to possess an expertise on insanity to rival the Doctors', is intelligently interspersed with references to the grim reality -- the best evidence of the failure of their expertise to redress it. Her claim to be a good nurse was actually true, judging by some of her comments elsewhere. A different "expertise" comes from having been "insane" herself, and from understanding "insanity" from the patient's perspective: officious people running around with bunches of keys, and still so many unopened doors, so much violent noise unanswered, so much waiting around unattended. She is aware of the irony that, having recently nursed a sister and a father, to the detriment of her own "sanity," she is herself neglected -- and called upon to nurse -- in an Insane Asylum. She probably was a good nurse.

In a long letter to a friend, written on Christmas Day, Miss Marvel (admitted on October 21, 1919) expresses her indignation and shock at finding herself in the Asylum. She feels that it is the worst place for her. If not a cause of what it is supposed to cure, it is a major aggravating factor:

> After getting here they may have thought me crazy but if anyone here a week without eating & sleeping & placed in dark rooms with mad people singing all around you -- not

> knowing they were mad -- I think it only natural to lose your balance as I know I must have one night when I saw angels & lighted cross.

Under the circumstances "madness" becomes "natural," a vision is not merely a "delusion," a sign of sickness, but also a sign of salvation. Perhaps after such a drastic transition, it is also "natural" to want to offer some sort of explanation. In her letter she offers what she calls her "solutions," reasons for her coming to the Asylum. She suspects the doctor of complicity with her sister:

> Dr. Green instead of speaking to [her sister] as I wanted him to -- simply telephoned Police and then they wanted to take me down to identify Drug fiends or something of that kind & in order to show my being mixed up with them.

Then again, she might have been suspected of having been a German spy, since she had worked for a German and Dr. McClenahan had seemed to take note of his name during an interview. At any rate she finds it rather ironic that she is the one committed and not her sister, an addict, where "any brute of a nurse" can "beat and abuse me" -- and where she had wanted to put her sister herself. She accuses the nurses on her ward of "viciousness." She describes how early on the morning of her first day in the Asylum she was disturbed by a woman "coming continuously in & out of my room." She got up and wandered into the hall, observing the rats "flocking in & out of the room" she had just vacated. She asked a nurse to see the "house Doctor" when "lo! the morning nurse came on & advised me she would put me in the pack." When Miss Marvel talked back and began "fencing her around a chair" the nurse attacked her, pulled her hair, and "doubled her fists & struck my temples." The nurse then began to strip her naked. A patient "beckoned to me -- not to resist."

Later the same patient came to her bed and introduced herself as the in-law of a friend. Miss Marvel wonders in her letter if they might have been put together "to get first-class personal evidence against the nurses for their treatment of patients." Ironically, her friend proves if anything more suspicious than herself. Nonetheless Miss Marvel follows her advice "to refuse all food she told me was poisoned," but she soon finds herself starving. Her ward-mate disturbs her with tales of someone in a contrivance under her bed, tells her which side she should get up on, and warns her that for punishment they could be sent to the cellar, among the rats and "bad men." Miss Marvel clearly doubts some of this, but admits that, hearing all the noise at night, "I sat up all night expecting to be killed every minute." When she is sent to a "dark side room," she remembers her former ward-mate's stories and cannot sleep or even lie down. She feels she would not have survived that night in the side room, without the vision she described above. She writes, "I saw angels outside."

Miss Marvel refused to eat until one evening Dr. McClenahan came and sat with her during her supper. She complains about having to take "salts," but not being allowed to go to the toilet, so having to urinate on the wooden floor -- and being accused of "unclean habits." She describes how, on other occasions, she had to beg over the fan-light for a nurse to let her out. The "salts" were taken from a cup "that goes from mouth to mouth from the most loathsome patients," and the thermometer was equally filthy. The spray in

the bathroom was usually "in some way out of order and cannot be gotten warm." Nonetheless, the nurses insisted on putting her in the shower, even when she was having trouble with her period.

Miss Stein, admitted on August 8, 1911, partly for frightening her family with her socialist sympathies, found "the hypocrisy in this building ... simply disgusting" -- and records how she was beaten for intervening to feed an old woman who could not feed herself: "In they would come with a tray on which was Bread & Butter, Milk or dishwater to resemble tea & some custard .... They place it in front of her & so it stands & if I were not here she would simply starve." She notes how many younger women are committed -- "such is married life" -- and complains (in a piece that might have interested Dr. Clarke, had he cared to read it) about the hardship of her own life as an employee of Eatons, sewing for $2.60 a week: "how the wealthy man makes wealth at the cost of blood money ... No wonder Eatons can afford to sell articles at such a low price .... No one knows how you have to work for it... Blood Money."

If the "individual approach" had truly been benign to people as opposed to "the people," the abstract "ideal" of race[136] which Clarke really had in mind, it might have done something to alleviate the routine brutality (too pervasive to have been delusional) and mental suffering ("delusional" or not) recorded in patients' own writings in their files. There is no evidence of Clarke's approach acting this way on the basis of the information it accummulated.[137]

(Objectifying the Record)

Roy Porter, in the section of Mind-Forg'd Manacles called "The Voices of the Mad,"[138] discusses the presentation of the "patient's point of view" in 18th-century material, which he organizes into its principal categories: "delvings" into delusion, discussions of depression, assertions of "divine madness," first-person accounts of (what we would term mad) experiences ("speaking insanity"), first-person accounts of treatment, and (of course) arguments proving sanity. Most of Porter's categories are represented in the Case Files, with changes that he might have predicted from his own. It is striking how many patients delved into their own delusions, even if the authorities regarded such "delvings" as no less delusional themselves. Some used metaphors, others recognized systems of belief, to objectify their "delusions" -- or simply to cope with the difficulties of living.

Mrs. DeVere's "Theosophy" seems to have served such a function -- and been discarded when it no longer served it. It provided a vehicle for her experiences, for "voices" that were sometimes a bit too convenient, if not "rational" (for these and other "delusions" she was diagnosed with "Catatonic Dementia

Praecox" in February of 1911). They reproduced snippets of conversation that might have been real, phrases that could as easily have been lifted from Rider Haggard as Madame Blavatsky. In her letter to Dr. Forster of November 2 1, 1911, they told her to "escape through window" when she dreamt of (or really saw) a cab coming to take her to the Asylum, or ordered her to "lie down" when she got tired of housework.

In an undated letter to her husband theosophy provided a means of not being afraid, a "plane" where "you are without fear," an ideal of "wisdom and control" when it must have been painfully obvious to her that she had little control or power of any kind, and a "symbolic" means of talking about and describing and thereby ordering her own life -- at a safe distance. Thus she could discuss her husband's tendency to frustrate her -- at least some of which, to judge from his correspondence with the Superintendent, must have been real -- but in "Theosophical" terms of his helping the "dweller" block her at the threshold of wisdom. She claimed that "You were made one of her [the "dweller's"] instruments of torture." She claimed that the "solution" to her problems "[lay] in the Astral light" -- perhaps a metaphor for understanding, or for her own point of view. She believed that this understanding "light" illuminated "the terrible mental torture I was put through in that house." Her theosophy seems to have been partly a reaction to an insufferable home life, complicated by in-laws whose hostility and aggressiveness is eloquently attested to by their correspondence in her file.

Some of the above episodes, and some of the events leading up to her first admission, appear "filtered" through a long hand-written piece on Theosophy. They become the garbled content of a "hypnotic trance" induced on Dr. McKichan's couch, either shortly before or after the hysterical episode that precipitated her committal. She explains that the doctors (premusably including Dr. McKichan himself) are now practising the "mind-healing" techniques of the Theosophists themselves: "through hypnotism they reach the subconscious memory & read all its secrets & find out one's private affairs & the cause of the disease." Dr. McKichan made her "yell for police" by the power of suggestion. Then she went back to sleep and dreamt that her husband was at the furnace, telling someone to "burn her out," when Mrs. Pl---ter prevented him saying "you cannot burn my house getting her out," and told him instead to "go in window & get baby from her." Nonetheless she was "burned out & baby taken, & Dr. M[cKichan] got the papers signed." The content of the "trance" appears to be the same episode that she related, with the sort of changes remarked above, shortly after her firt committal and again on November 13, 1911 (see her "narrative," below).

Dr. McKichan subsequently appeared to her in a dream, trying to lure her away from "Balvastky" [sic] to initiate her into "his school." Later, in a second hypnotically induced trance, she

> dreamed about all the theosophical members appearing to me. Dr. M[cKichan] said he was going to use me for Psychic Research & I was going to [her father's town] & there was a nice white bed waiting for me upstairs (here).

It seems plausible that Dr. McKichan practised some sort of hypnotism on Mrs. DeVere and that it aggravated her already over-wrought condition. She herself claims that the first time she heard of

"Psychic Research" [a book as well as an activity?] was "on the couch at Dr McKichan." It is interesting that her husband as well appears to have been engaged in similar if not the same activities, since she reminds him in the same letter that "You told me about other planes & the people who used them for their own selfish ends & communications."

In a long letter to the same dated November 20, 1911, she mentions some psychics they knew in common, discusses various books and articles, such as a book called Scientific Mental Healing by one H. Addington Bruce and an article in the Canadian Journal of Medicine & Surgery on "psychic healing," the various applications of hypnotism and suggestion as developed by Phineas Parkhurst Quimby [ie., "Quimbism"], and its "off-growths" in Christian Science and the New Thought Movement. She is at least aware of "the wonderful influence of the subconscious mind," and of famous cases treated by Liebault, Charcot, Janet, Freud, etc., as discussed in Bruce's book. It becomes an interesting question just how much of her behaviour was also the mimicry of such lore.

On November 13, 1911, she demands that her husband return "the baby the Great White Master gave me." The husband now clearly appears as the "professed disciple" turned traitor that he was in an earlier letter of October 13. He is accused of having allied himself with "the power of the dark Goddess with her snakes & books of magic & secret dark knowledge." Perhaps he really has, or perhaps it suited her to depict his opposition in such terms. It is hard to tell whether such depiction created, aggravated, or merely helped to distance and control, the hostility between herself and her husband and in-laws. There is at least a range of possibilities.

She refers to another doctor, Dr. McDonald, her "ideal of the good physician," who had given her a more positive examination and (apparently) laughed at the "whole story" of her husband's efforts to have her committed. He also warned her "what would happen" if her husband managed "to get papers signed." Her letter of November 13, 1911 contains interesting suggestions that her landlady, Mrs. Pl---ter, also was in league with her husband, since she (according to Mrs. DeVere) said that this "ideal" doctor was "no good." Moreover, Mrs. Pl---ter's husband, himself a doctor, had apparently been a good friend of the mysterious Dr. McKichan. Husband and landlady now appear to have sided with her "committing physician" against her. In her September 16 letter to her father she states again that Dr. McKichan is the friend of "Mrs. Pl---ter half whose house we rent." Her mother and brother-in-law both run errands for her. It is, she balefully concludes, "a case of friendship all round here. " Unfortunately, for whatever reason, she was outside the charmed circle.

She eventually got away from in-laws, from the Asylum, and to some degree from "Theosophy" too. She wrote Dr. Forster on July 24, 1913 to tell him that she had "decided to keep to the religion I learnt as a child although I am still interested in Theosophical literature." Her file shows how a patient could work things out herself, by writing the kind of things it contains -- it also shows that she had to. On March 15, walking with a nurse from the King Street Branch to a dance at the Asylum, she eloped.

Dr. Forster wrote her husband on March 29, 1913 that, wherever she was, "I dare say she is honestly trying to earn a living." Mr. DeVere's reply is possibly the "maddest" thing in the file. He insists that

> Your reference to Mrs. DeVere earning an "honest living" was uncalled for .... Don't try to misconstrue my meaning. We know more of the "White Slave Traffic" than you can ever know in your position. As you expect to be rated as a gentleman, take the advice of a humbler than yourself. Spurn duplicity.

Dr. Forster replied on April 2, 1913, to report that he did not know his wife's whereabouts.

One gets the impression that he did not want to know them either, and that by now the Doctor had some serious reservations about Mr. DeVere himself. He certainly felt that he had not done everything he could have done to help his wife, and he suggests that if he had only taken his advice and let her come home "on trial," she would have been fine -- at least would not have gone missing. He might have been mistaken. A letter from her brother-in-law to Dr. Forster, dated March 14, 1913, is at once pompous and shrill. His concern is entirely for his mother, whose peace and comfort he fears have been seriously jeopardized by his sister-in-law's escape. He describes everything that his parents gave up to join the Forsters in Canada, but entirely one-sidedly. He rather stridently insists that his mother was a "lady of distinguished ancestry" and that his father was "valued & loved by all who knew him for his selfsacrificing spirit for his great integrity and unbending fight for principle and the right." He expresses no concern at all for his sister-in-law. It seems likely that his entire family, including Mr. DeVere, regarded Mrs. DeVere as an inferior being. Her Theosophy would at least have provided some much-needed self-respect. In her letter of November 13, 1911, she describes how much, at the first seance she attended, the medium flattered her by telling her that "I was a magnetic healer & a clairvoyant." She suspects that she might have had an over-active imagination, since she recalls being spanked for "seeing" a girl in her bedroom when she was three or four years old: "Father & Mother did not see it, so of course it was not there." At any rate in a letter to Dr. Forster on July 24, 1913, she writes that she has "decided to keep to the religion I learnt as a child although I am still interested in Theosophical literature." By then she was employed, as Dr. Forster had hoped, and not as a "White Slave."

Mr. O'Reilly similarly used Christianity, Irish history, and Robert Burns -- to objectify his hardships as a miner in Western Can ada and later as an inmate of the Toronto Asylum. He had been admitted in March of 1909 and diagosed as a case of "Paranoid Dementia Praecox." According to the "Clinical Record," on everything apart from his particular "delusional fabric," Mr. O'Reilly was sane. This "delusional fabric" consisted mainly of ideas of himself as a kind of Messiah:

> The Jewish Messiah mission as contained in the Bible has been fulfilled, so that neither the Bible or Christ are any longer factors in the evolutions of the cosmos but the Almighty has directed him (the patient) as the revealer of his future messages to the world.

Mr. O'Reilly appears to have resisted such a role, but been compelled to accept it by headaches, which he could only relieve by writing out "god's messages" in the form of poems. The writer describes these as having "a certain rhythm and lilt imitative of Burns." Mr. O'Reilly's "exalted opinion of the ideas

expressed there" and his belief that they came from God because, as he said, "`how could an uneducated man like himself have such fine ideas'," only confirm his madness.

Mr. O'Reilly's description, in a November 20, 1909 letter to a local politician, of his sufferings at the Asylum borrows its terms from ideas of Christ and the resurrection. But Mr. O'Reilly does not so much assert that he is the Christ as imply that his suffering is comparable to the crucifixion and resurrection that are so central to Christian experience:

> Dear James I was kept in Ward Six for about three months and when they thought that I was about dying the doctors had me taken up to ward eight wheir I nearly dide but ... I did di three or four times or more and I came to life again hoping and trusting that you will entersead [sic] in my behalf at once and God will bless and reward you and dont ever allow me to di in this Asylum at the hand of wicked men.

Mr. O'Reilly has done, or nearly done, what Christ is supposed to have helped all Christians to do. He invites the local politician himself to be Christ or Christ-like by saving him, by interceding for him, as Christ did for everyone. Everyone is potentially "Christ" here, as in Christianity itself.

A poem he wrote on July 17, 1905 makes Robert Burns a kind of working-class Messiah, who suffered and died "Through the blindness of the human race / and vanity in their mind." Like Christ he was a poor man who suffered for people who ostensibly follow him but would only "recrucify" him if he returned to earth:

when Burns was down on this Earth

and said he had the blues

their were not one of his own class

who'd go and help him through

sence that noble man is dead and gone

and most of his work so true

now you ill hear those learnt men

a telling what he did do

if Burns came on Earth again

after all that he did do

he'd get the same reception

as when he had the blues

A relation to his nephew (in a letter dated September 7, 1909) of how a Cornish Irish foreman "planed to have me murdered in his owne sloon by a man the name of Eagen," occasions a discussion of good and bad Irishmen in Butte City. His favourites were "Good Kerry men and also Good Irish Men from the County Cork." He seems to have a special antipathy for "Cornish Traitors" and other imposters, such as a newspaper editor named "Paddy" who "was no Irish man nor he never was."

This concern with such "imposters" is related to his concern with Irish or celtic culture, as a preoccupation with purity. He concludes his letter to his nephew by calling on

> all true Irish men to learn ... the language of yeor four fathers and dont be some mengreals [.] [A] mongreal is onely good for fiv hundered years at the most [.] They run out after that when the True Blood never runs out.

The connection between this preoccupation with purity and his "Messiahship" becomes more explicit when, after running through a list of families with Irish-sounding surnames but not of "true Irish" stock, he asserts that

> Poor Paddy could never make a messiah for he's a mixed bread [.] The Murphys are Jewes who went in to the Country kerry at the time of William and threw their lotts with the [K]erry men.

His desire for purity as a qualification for the celtic chosen race, and ultimately an Irish Messiah, seem to be related to his fear of poison, his suspicion of his wife (a potential source of "mixed-breeding") and his hatred of priests (who by then were seen to play an ambiguous role in Irish politics).

Mr. O'Reilly's identification of "Cornish Traitors" with Tamany Hall ("I pronounce Tamady hall to be composed of a lot of Irish cornish traitors whome I now pronounce now as out Laws") suggests that he combined a superficial if garbled knowledge of history and current events with more paradigmatic and passionate beliefs to produce a personal mythology. Sometimes he writes almost as a crude 17th-century balladeer of "Poems on Affairs of State," as in the following:

Oh House of Stueards how you have rued

Sickly King James

when the House of Hanover did come over

and took ahold of the raines

Oh House of Stueards cast off your mude

you have been lang a waiting

you will ascend your own rightful throne

for it is now decaying

why shoud men be angry

why should they one me frown

God gave to ye a Profit

His words record them down

(Signed "Lord Mr. O'Reilly, September 18, 1905")

Occasionally a material object in a patient's writing acquires the force of an objective correlative in a poem. Miss Adams's letter to her father conveys an almost palpable sense of loss. She speaks of a lost relative or friend as a material loss that "like many of my other belongings ... [has] just gone astray." Perhaps she was thinking of some lost object and omitted to mention it, or perhaps all the losses simply blended together. She would have known every kind. One senses her alienation from the normal routines of life, in her references to children maturing and getting ready for school; after all, it was September. Her worries that her family might lose their house, seem to be an extension of her feelings for herself. It had been lost, but to her.

Miss Adams writes Dr. Clarke on June 10, 1908, expecting her father to come from New York "at any time" to "take [her] away from here" and asking him to "make some inquiries for some jewellery of mine which has gone astray in this place." The phrase is similar to the one used in the letter above, in the context of lost relationships. Since the jewels were given to her by close relations (a ring from her father on her birthday, another from her brother, etc.) they might have symbolized family relation-ships; their loss would have been especially poignant and significant. She describes them circumstantially ("one pearl half crescent, containing the letter `X' in pearls," "one ring containing five opals .... one stone of which had gone," etc.), as one would a lost item one wanted to identify, but perhaps also to prove that she had not merely imagined them.

She calls upon the authorities themselves as witnesses: "[I] have been seen wearing each article here but the topaz broach." However, it is apparent that she does not regard them as honest or above suspicion, as she warns them that if the jewels are not recovered soon her father will search for them; a detective "has the affair in hand." She is understandably milder toward Dr. Clarke, her immediate addressee and the Superintendent of the Asylum, whom she exempts from any responsibility because she had never mentioned the jewellery to him. She explains that she did not immediately advertise for them because she

had expected them to be found immediately. She had not noticed when she "dropped [her] purse but ... missed it on leaving Simpsons store."

Although the jewels were "not valuable to some people" they were "invaluable" to Miss Adams and "no substitutes can be accepted." Dwelling on their loss leads to a passage unfavourably contrasting the Asylum and its wicked "hospital nurses" with the "honest household" she has also lost. Blaming the Asylum and its staff for a loss they are not accountable for is probably a means of blaming them for far worse losses that it clearly facilitated. Considering that, unlike most of the writings Porter discusses, none of this material was written with certainty that it would even be read, let alone published, its existence seems all the more remarkable.

(Uncivil Liberties)

It could not be said of early 20th-century Toronto, as it could of late 17th-century London, that "so many who went out of their senses were never brought before a magistrate or confined" (232). Porter describes an 18th-century pattern of increasing intervention and confinement, though not yet on a large public scale. The inmates of the Toronto Asylum were aware of its public character, in ways that sometimes profoundly affected both the course of the behaviour that brought them there, and their perception of where they were. Some patients were merely amused by the blatant abuse of the Asylum for the worst sort of pork-barrel patronage, but others were seriously disturbed. In "Those Cruel Tories and Dr. Herriman," one Mr. O'Mally (who suffered from alcoholism and was in out and of the Asylum from 1910 till his death in 1917) mockingly describes the effect on staff and patients of the transfer of one of the doctors to the Orillia Asylum in 1910, apparently as a result of the liberals losing a recent by-election. After commiserating with Dianah, the "laundry wench," he points out to her the felicity of sending Dr. Herriman to Orillia (an Asylum for Idiots) where

> He'll be more among his own
>
> For his [sic] partly idiot himself
>
> So 'twill be to him like "home."[139]

Miss Coral, a 40 year old Anglican nurse admited "voluntarily" on July 21, 1913, after getting fired (she claimed) for resisting her employer's sexual advances, worried that the doctors who examined her had been appointed by the same officials who had denied her justice -- including (of course) the Provincial Secretary and his Inspectors. Miss Coral gradually became convinced that she had been black-listed by a combination of government and government-run professionals. She died on April 14, 1914 of what Dr. Forster told her father was "toxaemia," but which he admitted in a letter to Inspector Dunlop was suicide -- a massive overdose of alcohol that she took "feeling that her future was hopeless." It is interesting to

reflect that, as in the case of Mrs. Brown above, no one entertained for a moment the possibility that her allegations might have had some basis in reality. She was just another case of "Paranoid D.P."[140]

Two things, madness and the asylum, are now if anything more inextricably united than Porter saw them becoming in the 19th century. People's experiences, delusional or otherwise, are inextricably bound up with the physical layout of the place. Perhaps the surprising thing is the survival into the 20th century of essentially 19th-century and earlier kinds of writing. Apart from the Asylum itself, a huge exception since as a whole it compromised a kind of "psychiatric" treatment, in the above "Case Files" there is still less protest at specific medical treatments than at the violation of individual rights through confinement. The physical abuse of nurses and attendants so often objected to by patients -- was seen as an abuse not of a psychiatric but of a bureaucratic order. Nurses acted this way, not because they were executing the orders of a sinister profession but because they were (according to some patients) vulgar, the naturally brutal hirelings of a corrupt and venal government. When the doctors were sinister, it was usually for abuses of a civil order. At their worst they looked more like bad counsellors (or ambitious rival priests) than mad scientists, especially considering that until the 1920s their principal therapies were bathing, rest, and diet.

Apart from the Asylum itself, the greatest abuse that could be attributed specifically to a "psychiatric regime," was the increased gathering and recording of personal information as part of the intensified "individual approach" advocated by C.K. Clarke as a basis for more scientific classification. But the reading and confisication of patients' private letters and papers, was (understandably) what most obviously concerned them in this regard -- and it was nothing new.

Most of the people whose works are featured here are writing for their lives against a bureaucracy that had already mastered that game. The presence of patients' letters and other papers in their files nearly a century later shows how. Many of the patients knew what was going on and wrote anyway (a kind of Pascal's wagering, hoping something would get out), or started addressing their letters to "Dear Reader" --- or to posterity. A great deal of material was smuggled out by other patients or by visitors -- in this regard the Asylum was never "total." Dr. McClenahan observed in 1917 that Miss Adams got more mail than all the rest of the patients together, so a lot got out somehow.

(Narrating Admission)

After the regimen of Asylum life and its banal brutality and boredom, what most preoccupies these patients is how they got there in the first place. This kind of writing becomes a distinct genre or sub-genre in the Case Files of the Queen Street Asylum. Usually it is a narrative of deception and betrayal, the decisive climax of a life story, the remainder of which is distorted -- truncated or abbreviated altogether. Many re-admissions later, the first committal is obsessively retold with surprising clarity of detail -- and also probably with subtle changes reflecting the death of a relative who had formerly played a role in the patient's confinement, a new doctor, or simply the passage of time.

Miss Adams's losses extend from the loss of possessions, as Miss Adams puts it, to bodily security. They amount to the loss of a life, something worse than being, as she describes her condition in the Asylum, buried alive. They are progressively depicted as due -- all the more terribly, perhaps -- to a parental "mistake," bureaucratic blundering, and gross human oversight. She initially feels outrage at being abandoned by a father with ample means to have rescued her: "it certainly would have been better if he had buried me instead of placing me amongst such degrading surroundings when he has possessions enough to keep me at home."

After attacking the nurses (in her June 10 letter) as "common uneducated women" unfit to "attend to ladies of refinement" she partially excuses her boastfulness as the natural reaction of one who should never have been committed in the first place. After his death her father appears less ambiguously as she claims that against his will she has been "forced into a Mad House without any certified Insanity paper signed by any reliable Doctor." Only god is competent to judge "where the Almighty afflicts" while his (the doctor's) "care and anxiety" for patients are, she adds sarcastically, "really touching." She understandably anticipates that "this letter will probably land me head over ears in warm water." Toward the end of the decade Miss Adams has developed a role for herself as a wealthy and refined heiress victimized by wicked nurses. In writing to Dr. Forster in 1917 to obtain permission to take music lessons, she expresses her dissatisfaction with the Asylum, and her determination to leave it.

She asks Dr. Forster on September 17, 1917 that her "Certificate of Sanity" be sent to Miss Watson at Hillcrest Convalescent Home. She repeats her lawyer's opinion that she is "perfectly sane, and he would not allow [her] to remain longer here." Again she claims she "must think of [her] future" and that it will be compromised if she remains any longer as the Asylum "is not the place for either social or business advancement." The euphemistic and cliche language exploits something like a myth of recovery and reformation which it would have been contrary to the interests of the authorities to dispel very directly. A letter from the Trinity Home to which she is eventually released indicates that she spends her time playing the piano, doing fancy work, shopping, socializing, returning visits, etc. A career was out of the question and she appears to have known it. With the mixture of criticism and flattery that marks most of her correspondence with the doctors, she concludes by thanking Forester and his colleagues "for any medical attention I have received here" but also reminding him that she urgently wishes to leave "this week or next if possible." Her gratitude is always implicitly contingent on her release. Her praise is contingent on its implicit advice being followed.

On September 30 1907, Mrs. Brown writes to Mrs C. in pencil that her husband "had [her] put in the Insane Asylum, Sept. 30." She makes statements similar to the preceding, especially that she has not seen her husband since she was admitted to Dr. Myers's hospital on July 1. She wonders if the doctors have had something to do with his abandoning her in what she calls a "living tomb," the misery of which "cannot be described or imagined." Since realizing where she was, she has spent her time constantly

crying and praying. But she would rather absolve her husband of any responsibility, that confront the possibility that he has abandoned her himself.

One of the earliest letters in Mrs. Brown's file, dated October 4 1907, was written for her by Miss Adams, her ward-mate. In a few lines scrawled in the upper left-hand corner, Miss Adams describes herself "writing in an almost dark room, as there are no lamps or lights in the rooms." Through Miss Adams, Mrs. Brown writes an "admission narrative" of how her husband brought her to Dr. [Campbell] Myers's hospital, where she was kept for thirteen weeks at thirty dollars a week but "was doing well" when her husband decided to remove her to a much cheaper room in the Asylum.

Wanting to believe that her husband would not knowingly have buried her alive, Mrs. Brown naturally wonders if he might have died himself. It is not surprising that "outsiders" (even well-intentioned ones, which Mr. Brown might not have been) have difficulty accepting that there must be a discrepancy, sometimes an enormous one, between their understanding of the Asylum, based on a visit in broad daylight, and an inmate's based on confinement day and night. It is perhaps more surprising, though not less logical, that inmates like Mrs. Brown, have difficulty accepting outsiders' difficulty.

Even if he had wanted to, he could not have known what it was like to live in one of the wards, to sleep in one of their unlit 6 X 10 foot cells, but the wanting itself might have done his wife some good. It might have been hard for either of them to accept the limits of the other's knowledge, but it would have been hardest of all for her to accept that it might not have made any difference what he knew. Perhaps she ultimately preferred to believe that people could not imagine what it was like to be confined in Queen Street Asylum. She seems to end up with a version of Pascal's wager in reverse, because it involves not affirming "god" -- ie., authority -- but denying him to some extent, limiting his responsibility, even his power of imagination, not in order to enjoy an afterlife should there be one, but in order to make an overwhelming present endurable. Usually our confinement to one sensibility is seen as just that, a limitation, but in the context of confinement to the Asylum it seems to have provided, for some, a measure of absolution. It made it easier to forgive. Things could be that bad.

In a letter to Dr. Herriman dated April 10 1910, Miss Dickens (admitted for the seventh or eighth time in 1910) describes how she was jailed in May of 1896 and abused by the Matron, Miss Fraser, who "banged my head on the iron railing of the cot." Her head still hurts and she asks Herriman to "trepann [sic] the place." She writes Dr. Herriman from "Queen St. Asylum," on Sunday April 10 1910, because "it will do me a lot of good to tell you somethings I have thought about a great deal." Because of headache she declines to discuss a dream she mentioned, but this is probably the subject of her letter below. She must have waited till she was out of the Asylum to relate it, because she felt it was too controversial, and embarrassing.

Her letter is mainly a discussion of masturbation, or "self-abuse," which she declares "is the cause of very much insanity." At the same time not all masturbators "are guilty of a vile sin"; some are "the victims of a nervous system," or of an accident caused by "us[ing] their hands in a wrong way, because the

nerves simply make them do so." She herself belongs to the latter class, although "I am a girl of a tremondous [sic] will power, tenacious also, for if it takes me half a life-time to accomplish my purpose, Ill never give in." She seems to be engaged in a losing struggle with frustration, which she believes her own "terrible experience" with might indirectly be used "to help you to cure some of the other patients." At the same time he is to remember that "no one on earth excepting doctors and students are ever to know that a girl told these secrets of a woman's life":

> I've had to hold my wrists lots of times to prevent myself doing wrong with my hands, and I think it was an awful shame, that no one ever took me on one side as a child, and explained to me that my body was God's as well as my soul. There are times even yet and I am thirty years old now, when it seems almost impossible to keep my hands away from myself but I never give way to those feelings at all now....

At the same time she admits she frequently feels like smashing things, and it sees she occasionally finds relief that way -- as she puts it with rather surprising candour, "smashing everything and every body, who deserves smashing." At the same time it is not entirely wrong, given that "some of the brutes ... are mighty fond of smashing us." She exempts the nurses, but it is hard to know who else she could be referring to. After worrying about the cleanliness of the tea-things, she promises that "If you get some fools' cap I'll endeavour to write such things as well earn me something better than a dunce's cap."

In her letter to Dr. Herriman of September 27 1910, she addresses him as "Father." She is staying (and/or working?) at a hotel in a small Ontario town. She begins by explaining that "It's raining this morning, so ... I cannot work." She thanks him for his "kindness and patience" during her last confinement in the Asylum, before proceeding to complain about tiredness, caused by her inability to sleep after reading the sensational report of a murder:

> Last night I was dreaming all sorts of rubbish. I dreamt that I was the first of nine wives of Dr Crippin, and from that I was in the asylum, and all sorts of things were happening. Dr. McEwan came through along with Dr. W.K. Ross, who used to be there. I presume my dream is a warning not to read any more trash like the Crippen murder trial.

She goes on to congratulate him on his being appointed Medical Superintendent of the Orillia Asylum.[141] She thanks him for apparently relieving some of the tensions between her mother and herself. As for Dr. Clarke, et al., she asks Dr. Herriman to tell them she that she has not forgotten them, but she does not "intend to come near them at all, for fear the old den should open its mouth to take me in."

She was admitted for the seventh time on May 26, 1911. Now the sexual nature of her disturbance is more apparent than ever. The "Certificate" signed by Doctor Becker describes her dishevelled hair, her "lewd actions," her pulling her bed apart, her swearing to have been made pregnant by men to whom she was married, etc.

In a letter of February 17, 1911 to Dr. Clarke, Miss Dickens offers her "life story" as a "help to you in your medical work." At the same time she asks him to promise to not let "my own people ever know of

my secret." Her letter to Dr. Clarke is, at least for Miss Dickens, an attempt to renew an understanding which she believes she had with Drs. Herriman and McEwan, to keep her "secret" from her family. She assumes that, as another doctor, Clarke has already been made a party to the secret; she wishes to make him a party to her "understanding" as well.

After her father's crops and livestock were destroyed by a flood in 1879, and she was about 3 years old, she went to live with an aunt. She stayed with her for 7 years. She started school when she was about 4 years old, partly so that she would have some "playfellows." She was lonely, because her aunt's only other child was an adopted girl 11 years older than herself. She had her "own little bedroom" and she remembers having there, about this time, "a very nasty dream":

> The dream was, I thought a cat got between my legs, and was scratching me. I woke up in an awful perspiration, and that was the beginning of the habit of self-abuse, which went on until I reached the Asylum.

Besides being lonely, and despite her masturbatory dream, Miss Dickens was ignorant of her own sexuality or, as she herself put it, "I had never been unwell each month at that time [15 years old], and knew nothing of a woman's life, for mother never told me anything." There seems to have been some hostility between the two women. When her parents separated over her father's drinking, she asserted that "if I had been a man married to the woman he was married to, I should have drunk a great deal more." Her mother is a cause of her frequent "appearances" at the Asylum, "worse for my nerves, than any red flag ever was to a bull's nerves."

Her 18 readmissions notwithstanding, Miss Dickens continues to marrate clearly and circumstantially her first admission to the Toronto Asylum, on September 30, 1896. On April 7, 1922, she tells Dr. Ross how when she 16 years old she became hysterical during a storm, and Dr. James Murray Johnstone gave her "ten different kinds of medicine" which made her "devilish" and sent her to jail. Although the jail doctor, Dr. Richardson, insisted that she was "no more insane than he was," she was "herded" with criminals and prostitutes. The Matron introduced her to the Prisoners' Aid Association as a street-walker, but one of the workers, a Miss Roxy Wood, recongnized her and pointed out the mistake. After her release she had gone to work, but cried herself to sleep every night thinking about her ordeal, which never would happened had her father been around. Her parents had been separated and her father had remained in Canada just long enough to watch her recover from her bout of typhoid, then had returned to England. Her mother never wanted her, and told her lies about her father.

Six weeks after her release she was sent back to gaol. Her lawyer was unable to do anything for her as the judge had already signed the papers. She was committed to the Asylum, where Dr. Daniel Clark swore "I was not insane."

Mr. O'Reilly provides some background to his admission narrative in a letter to his wife. He begins this relation of marital strife with an argument over a suit of clothes which he is angrily returning as "I

never wore a store suit in my life." Moreover, he does not want to accept anything from "an untrue and an unfaithful wife as what you have proved you're self to be." He lists his grievances, beginning with her requesting him, one hour after their marriage on July 26, 1899, "to go down and to have a talke with ---- the Priest." The priest claimed that Mr. O'Reilly and his wife "were not married."

After Mr. O'Reilly went outside with his brother and some others, his wife went in to talk to the priest herself. Five minutes later, Mr. O'Reilly claims, he went in and saw "the priest had his head up between youre legs under neath youre cloes [.] [Y]ou stept over him just like you'd step over a log and you let youre cloes down." The charge seems to involve a recollection of some dispute with a priest over the legitimacy of their marriage and a "vision."

He alleges other acts of infidelity. On the way to Grand Forks, British Columbia, he caught his wife flirting with men on the stage coach,

> [sitting] on one of the mens lap and I saw you taking money lots of it from different men ..... In my presence every one of the men cohabited with you and you done other things which is too shocking for me to mention here.

After they were living again on his old homestead in Ontario, he returned from speaking against a local politician at the Opera House to find her in bed -- "cohabiting" as he put it -- with her Aunt's adopted boy. Mr. O'Reilly's account contains more plausible elements, such as his accusation that

> you often told me that a minusters maradge was no marradge atall. You often told me in my old cabbin that you did not look on me as youre Husband.

Again, it is possible to detect, under a lot of implausible trappings, the lineaments of a more plausible quarrel over the legitimacy of their marriage.

Related to these allegations of promiscuity is his charge that she gave him aphrodisiacs which "made me amerous." This "poison" is essentially the same as "the stuff the priest[s] put in their sacrement to make the people amerous." The allegation is connected to what seems like a boast, his statement that "you know that I have done it nine times in one night that's impossible without drugs." The effects have even interfered with his farming, since "I some times would have to come in from the field I would be unable to work with my person so stiff and hard."

He probably did not boast more of his sexual prowess out of greater preoccupation with the other side of the equation, his wife's appetite. He states that "man was not made for the woman the woman was made for the man" and concludes with a long diatribe against what he calls "wemon suffrage." He would have fewer "gaols and peneenterys and ... Asylums" and fewer "Carnagie labaries" as they are a principal source of the education that is giving women "aspirations," a "curse to the Countrey." Sexual promiscuity and aggression, drugs, women's suffrage, and theocracy are all connected as he forgets his original addressee and urges "Mr Editor" to show his letter to the Laurier government and ask the same to grant

him an "absolute divorce" from his wife. His quarrels with his wife are related to his ideas about the "Messiahship," priestcraft, Irishness, and purity discussed above.

In Mr. O'Reilly's narrative of his arrest and admission, in a letter to a local politician in November of 1909, events seem to "just happen," especially when the reasons for them might be incriminating. He visited his wife twice in the same evening, but he does not explain why he left the first time, or why his brother-in-law refused to admit him when he returned. Things "just happen," without causal connection or explanation. He can be more circumstantial, at least when the details tend to heroicize himself, as when he relates that he was "erested on the steps of their dor by 200 police men."

He states that the breakfast the police gave him the next morning had been poisoned by his wife or his mother-in-law or some other member of his wife's family. The "poisoned breakfast" might only be a way of accounting for his mental state that morning, for which a cell-mate will "vouch" (if not for the cause). It accounts for the "dosed and bewildered condition" he states he was in when he appeared before the magistrate, and which led the officer to tell the latter that "I was drunk and that I was not sober." He was remanded for a week, during which he was visited by one of the "Asylum Doctors." He asked Governor Chambers to summons his "suposed wife" to appear in court because "if my wife did not want to live with me I wanted a Seperation and a divorce."

He describes how, when he appeared in court on Friday, February 26, "the madgestrate [sic] did not ask me for to stand up or to speak one word" but simply told the officer to take him to the Asylum as "a nebereate [sic]." The patient's parenthetical "I think he said," and his bad spelling indicate that he is reporting as well as he can what he must have heard. According to Mr. O'Reilly's own account he "spoke a few words under protest until the madgesterate told the police man to take me away." He even seems to have taunted Judge Dennison that "I was just as senceble [sic] as what he was and that he would find it out yet too."

Mr. O'Reilly complains that since he was confined to the Toronto Asylum on March 2, 1909, "I have not heard nor seen any of my friends sence" and, moreover, that he has been "kidnaped." Somewhat inconsistently he adds that "my suposed wife comes to see me some times," but that she replied to his requests "to take me out of this Asylum" that "she never would." Either she was not a very comforting visitor, or he found her disturbing. Mr. O'Reilly insists that "I have been subject to the most cruel and unhuman treatment I have been near poisoned over a dosen times." Besides its subjective impressions, which were real at least to Mr. O'Reilly, his letter contains more than a little factual information about the admission process. In the entire process there is only one bright spot, "our New doctor [,] Doctor Stead" without whom "I would not be alive today."

In late March of 1911 Mrs. DeVere wrote Dr. Clarke asking for permission to live with her sister, who apparently was willing to take care of herself and her child. She does not want to return to her husband, who has mistreated her since New Year's Day. She then proceeds to write an "admission narrative" of strife between herself and her in-laws.

Troping the Asylum

Mrs. DeVere's mother and father-in-law arrived in May of 1910. She found her mother-in-law crying on her husband's shoulder, and assumed that the mother-in-law had been saying bad things about her. Mrs. DeVere told her not to tales. It seems that when her father-in-law called her a liar her husband, as well as her in-laws, including her husband's brother, turned against her. Mr. DeVere "came towards me with uplifted hand threatening to strike me & told me to go as he was going to look after his people."

This signals the beginning of a systematic campaign to get rid of her. They had recently moved into a larger house (perhaps to accommodate her in-laws), which her husband frequently reminded her was not in their name but in her father-in-law's -- the in-laws could throw her out. He took her own money from her purse to pay for a lawyer's letter, apparently to evict her. When the in-laws returned to the house in early December of 1910 and found her still there they demanded why she had not gone home (presumably to her father in the small Ontario town where he lived). The husband said that he was "tired of seeing my ugly face about the house as it made him sick to look at." The third evening of this sort of thing she packed her and her child's clothes to leave, but her husband persuaded her to go home alone for a month. During her time away her husband wrote her that he was out of work and that "there was only four dollars in the house" but that he would not live with her unless she behaved "like a selfrespecting wife." She replied that she would not live with him unless he behaved like a "selfrespecting husband & father."

A second letter, the first and last pages of which are missing, describes the events which precipitated her first committal. She seems to have become upset over the husband's prolonged absence from their home. She insists that she was not hysterical, but her brother-in-law called the police. When they arrived the brother-in-law told the police that she was lying when she claimed not to know where her husband was; she knew all along that he was "staying with a doctor's widow [Mrs. Pl--ter, their landlady, who occupied the other half of the house they lived in]." Mrs. DeVere reports that on other occasions her husband struck her in the face, and that she had had to go three times to Police Inspector Kennedy. The husband managed to convince the Inspector that his wife was lying, for the latter finally sent her home, where the husband gloated that "the inspector had sent me away crying." Mrs. DeVere demands, "Is there no justice for me in Canada?"

How did Mr. DeVere take his wife's confinement in the Asylum? In a letter to Dr. Clare of May 14, 1911, after excusing himself from visiting his wife because "it upset her, myself and others to hear of her pleadings to come out," he is concerned that his wife's people might sue him. He indicates the familial nature of at least a part of her difficulty, when he concludes, rather complacently, that if she had only listened to them she "would not have alienated those who for years have treated her as one of the family." From the following, it seems quite likely that she did not want to be a part of his family. For his part, he never showed the slightest indication of wanting to belong to hers.

In the same letter the husband indicates that he too suffered from some sort of "nervous" disturbance. He refers to having been under expensive treatment himself for "shattered nerves." This is consistent with his wife's contention, in her undated letter above, that after they were first married she supported him for seven months by working at Eatons. The husband does not mention this when he points out that, without help from his family, he could not have afforded to support his wife as a private patient.

He too describes events immediately preceding the committal of his wife, but rather differently than she does. From his account she seems to have gone looking for him in the cellar of Mrs. Pl---ter's house, where (according to the wife's letter) her brother-in-law had told her he had gone. The wife's letter does not refer to actually going to Mrs. Pl---ter's house (really the other half of the house they lived in), or indeed to breaking in, but of course it is quite conceivable that she did so later. According to the husband Mrs. DeVere broke into the cellar looking for him, and the police had to set up a guard. He was relieved for the sake of the child when Dr. [McKichan's] wife took in the mother and child (in her own correspondence, Mrs. DeVere is relieved for both their sakes).

Mr. DeVere seems more determined than a loyal and affectionate spouse would be, to stigmatize his wife by referring Dr. Clare to Inspector Kennedy's alleged "ideas" about her, by indicating the damage she had done to around the house (she had broken a door), etc. The entire object of his letter is, as he writes Dr. Clare in conclusion, "to convince you that I do not dare to consider her coming out."

Nonethless she did "go out" on probation on June 23, 1911, to her father in that small Ontario town. She had been diagnosed at a conference only three days earlier with "Hebephrenic Dementia Praecox." On July 20 she showed up at her husband's house in Toronto. The latter contacted the Asylum authorities, who in turn notified her father. From letters already received from her during her probation, the authorities had concluded that "her mental condition is evidently not improved a great deal." She returned to her father, but on September 2, 1911 she was again at her husband's house, "making considerable trouble." The police were reluctant to get involved again, but advised the Forsters "to make up their troubles and try again to live happily together." This had some good effect, since the next day she visited the Asylum with her baby, "showing that her husband had trusted her this far." This effect was not long-lasting, since by September 12 they had apparently seriously fallen out again, with Mrs. DeVere threatening to burn down Mrs. Pl---ter's house, where her husband was living, and saying things about Dr. McKichan "to the detriment of his practice."

Mrs. DeVere was "re-certified to" on Saturday. On Sunday Mr. DeVere called the Asylum for help in bringing his wife back. They referred him to the police. He explained that the police had refused to do anything without a warrant, so they sent a nurse and an attendant to help him re-capture his wife. By then she been taken in by a sympathetic neighbour who had locked the door and refused to allow them in. Mrs. DeVere was eventually persuaded to surrender, and re-admitted to the Asylum at about 11:30 Sunday night, "her baby on her arm." Dr. Vrooman notes her statements that Dr. McKichan was "the cause of her family troubles, that he is inciting her husband against her, and that he uses black magic on her, and has gotten her under his power by stroking her hair."

On September 16, 1911, she after being re-committed, Mrs. DeVere describes in a letter to her father how, after her brother-in-law had phoned the police (who did nothing), her husband phoned the Asylum. The neighbour, the woman who took her in and locked the door, met her on her way home and told her that there was a horse and buggy outside her house, with a man and a woman in it (obviously the nurse and the attendant), waiting to take her back to the Asylum. The neighbour took her in, but the officials

insisted that she accompany them. She refused, but according to her account at least, she was forced to go along.

On November 13, 1911, Mrs. DeVere describes again, in her letter to her husband, the events preceding her committal (whether first or second is unclear, but probably the first). This second description is more circumstantial than the first, includes details about her visit to Mrs. Pl---ter's half of the house, and accords much greater prominence to the latter and her relationship with Dr. McKichan. Now Mrs. DeVere relates that she heard a "stranger's voice" as she went to find her husband. Mrs. Pl---ter even spied on her, using a candle to see her in the cellar. Afterwards Mrs. Pl---ter introduced Mr. DeVere to Dr. McKichan. Her husband went to him first. Then she went to him herself, but refused to let him examine her. Dr. McKichan asked to examine her at home when her husband was away, and she felt insulted. She relates again how her husband told her "three nights running" to go home "as my ugly face made you [her husband] sick around the house." She agreed to stay home for a month, and leave her child behind. The details of abuse and marital discord are consistent with her previous version. Her additional information, that her husband sent a rude letter to her family, "threatening me & all my people," seems conistent with other information below.

Why were all these people arrayed against Mrs. DeVere? A letter to Dr. Forster of November 21, 1911 describes yet again, but with more detail, the relations between the two families occupying different halves of Mrs. Pl---ter's house. Some of Mrs. DeVere's "voices" might have been the real voices of her "enemies," as overheard through the walls dividing the Forsters from the Pl---ters. For example, she claims to have heard Dr. McKichan's voice upstairs in her own house, and to have been told that she could not have heard him there because he had not gone in through the ground floor -- in other words she was hallucinating. She insists that the attics of both halves of the house were connected, and that Dr. McKichan had simply gone through his friend, Mrs. Pl---ter's house -- a not implausible explanation. It is similarly not implausible that at least some of the voices she claims to have heard in the radiators were simply the real voices of her neighbours, conducted through the pipes into the bedroom where she lay awake.

The motive for such a conspiracy might have been an affair between her husband and Mrs. Pl---ter, the friend of the doctor committing her. Perhaps it was something more than a case of "friendship all round," as Mrs. DeVere herself seems to suggest on November 13. It is curious that while much of her account tends toward such an explanation, she is never explicit about it, as if it might have been only too real, something she preferred not to believe, even when it was in her interest to reveal it.

As do many inmates in similar circumstances, Miss Pearl dramatizes herself writing in the evening. She is addressing one of her brothers. It is May 3, 1914:

> ... nearly dark and I am in a mad fever again. It se ems I will have to kill a man to get out [of] Toronto Asylum. The curiou s eyes are more than I can stand.

She indicates what almost anyone glancing at her "Statement" would suspect. Conditions at home could not have been very good. As one of two sisters, without a mother but with three brothers and an invalided father, she really would have "slaved" -- as she puts it. She refers to "circumstances" which might have included other things besides housework, and which moreover seem to have been an issue among the siblings (ie., "you know ... as well as I do"). Bad as things are in the Asylum, she sees no point in returning home to "slavery." "Slavery" was partly if not principally what drove her there.

She feels abandoned by her father and by her other brother, who "left me on the street" (presumably at the gate). At the same time she seems glad to get rid of them: "I walked in here care free after they [were] gone." In reconstructing her latest admission, she might be belittling their importance to her; at the same time she might really have felt some relief at getting away from them for a while. Abandonment provides an excuse for not going home but running away, for the elopement she contemplates with some understanding of the law about writing-off patients not returned after thirty days: "Now if I can get out [of] here for a month without anyone knowing where I am I am free, as you see [her brother] and Pa left me on the street."

Miss Marvel (admitted on October 21, 1919) describes a visit to her lawyer during which she says she "left the black key in your vault and told you of my suspicions regarding [her sister & her sister's husband?] being addicted to drugs." She also mentions a (not very plausible?) "supposed burglar under bed." She recounts many, often rather trivial details which she uses, less as foundation for her suspicions, than as reinforcements. She believes a man who boarded her sister's streetcar, and to whom her sister referred in a conversation, was interested in the sister's "Drug Company." In the evening she saw "druggy looking" people loitering about the house.

Miss Marvel relates how she went to one Dr. Green, who assured her that no one could "stick a needle in her" without her knowing it. She replied that "yes [they could], if they first etherized me." The same doctor reassured her that the "druggy looking" people would not follow her any more, but when she visited the lawyer later that day, she found that someone had gone in ahead of her; she was convinced it was her sister (who had obviously been following her). Later in the same letter she describes how "as I left he opened the door & discovered [her sister] creeping down the side staircase in a most movie picture attitude -- as if she had followed me and had been even dropping in on [our] conversation."

A sore on the corner of her mouth, "a large ball of puss," worries her. She seems to take it as an indication of having been poisoned. On the day of her committal she feels that people have been tampering with the mail in her dresser drawer, and someone has broken into her "safe" (a bread box with a padlock). A phone call from a friend strikes her as strange, because the frien d had not called for a long time. She wonders if Dr. Green has been talking to her. She phones Dr. Noble (one of the physicians who certified her) but he is not in. He phones her later in the day, perhaps to make sure that she was in.

Troping the Asylum

> [I] had supper in my room & [was] reading paper when in walked two policemen & said "Come to the Hospital." I said strange way to go to the hospital with policemen. Walked down & landed here.

Miss Coral relates how, after she was discharged by Dr. T, she returned to her home in a small Ontario town, where she began an unsuccessful campaign to get justice. It seems she took some drugs to prevent a child ("certain drugs, for a condition which did not exist") and began to take alcohol in order to sleep. According to her own statement, "a sui cidal tendency with delusions" developed, and she was committed in August of 1905.

After this, her first committal, she returned to Michigan where her employer had her arrested and deported to London, where she was committed a second time. She was released again in December of 1905, when another doctor examined her and decided that she was not insane, but merely in need of rest. She returned to work in Cleveland. A letter from the husband of one of her patients, mailed to her as a reference when she was confined at Queen Street, indicates that she was very highly regarded as a nurse.

For reasons she does not state (there is a gap in the "Record" between 1907 and 1912), she was committed again, this time to the State Hospital in Richmond, Indiana, on the basis of information supplied by Michigan and London. She demanded to be examined by competent doctors in Canada, but was bitterly disappointed when Dr. Smith merely dismissed her as "paranoid," without (according to her statement) stating his reasons. She was deported in February of 1913. After returning yet again to Michigan, and again being arrested and deported, she began a final campaign in Toronto, demanding to see the Provincial Secretary, Mr. Hanna, and his Inspector, Mr. Rogers. Her money was running out, and when she asked the police to put her up for a night, she was arrested, charged with vagrancy, and "remanded for a week for medical examination" -- another "voluntary admission."

She was subsequently examined by the Asylum doctors, including the Superintendent, Dr. Forster, "who told me that there was no excuse for an honest woman to be in my position." Such a wholesale (if not brutal) dismissal seems intended to suggest that she was not "merely" mad but morally depraved, perhaps even a prostitute. Forster's comment (if true: the "Record" indicates that Miss Coral was generally truthful) seems to respond less to any ailment she might have had than to the charges she had made against one of the profession, not merely by dispelling those charges but by turning the tables on her -- making the same sort of charge against her that she had made against Dr. T. Even if her charges against Dr. T were false, there is no doubt that she was not simply lying; at the same time, one has to suspect that the fact that the object of these charges was another doctor, negatively affected her diagnosis and prognosis.

Dr. Arthur Jukes Johnson supplied the latter to Police Magistrate R.E. Kingsford, in his letter of July 10, 1913, The Magistrate had had some doubts about the case, and requested some another opinion, besides that of the regular doctors. Dr. Johnson never for a moment entertains any possibility that Miss Coral's beliefs and behaviour might have any basis in reality:

> She is suffering from what is known as Persecuting Paranoia .... Her whole life is dominated with a fixed delusion of persecution which is linked with what is known as expansive delusions, that is, an exaggerated appreciation of her own self importance. She is one of that host of mentally unbalanced dreamers, who are frequently known as cranks .... The outlook in all these cases is very poor. Once established this condition does not improve: it grows steadily worse. These cases are looked upon as being always dangerous, and unfit to be at large. They must be placed under control, both for the protection and for the protection of the Public.

The writer could almost be diagnosing himself. He seems more interested in displaying his knowledge of the latest developments in psychiatry than in obtaining any understanding of the individual before him. The lore does not cast any light on Miss Coral's predicament, but helps to obscure and finally dismiss her. The letter is a curious mixture of text-book, rote definition and vulgar prejudice. Here new lore only seems to reinforce old prejudice.

Having been a nurse did make being a patient any easier. A nurse, who had worked professionally in one of the Asylums, was admitted to the Toronto Asylum from the Psychiatric Hospital on April 5, 1927. She wrote Dr. Crawford on April 8, 1927, to express the same sort of violent antipathy to the Asylum that doctors Clarke himself had exploited just a few years before. She offered to work both as patient and as nurse if only he would take her away from "this filthy prison, Queen St West," but she refused to work in any capacity so long as she was there.

Asylum life for her was merely a painfully slow kind of death: "murdered ... inch by inch just like a cat could kill a mouse." The Asylum offended her as nurse as well as patient, professionally as well as personally, and she refused to "lower myself to nurse here or work here, under any circumstances." The food was what her mother fed her cat or dog at home, and she felt the staff only wanted to disgrace and abuse her. In a slightly later letter to her father she wished that he would send her to "a general [hospital], not asylum & prison." For her the governmental status of the institution made it "licensed to be bad" or as she called it "Ontario Hospital Hell." She turns the officials' euphemisms against them; as a former employee herself, she probably knew them well.

(The Radio Hour)

In the late 1920s patient writing begins to reflect some of the technological innovations that might account for an apparent decline in volume. Telephones and radios were becoming common, and they changed people's habits and habitual forms of communication. There would have been more amusing things to do in the evening than write letters, and by 1932 there was a telephone in every ward. It is probably indicative of changing tastes and pass-times that Miss Marvel saw her sister fleeing on the fire-

escape, in a "most movie picture attitude." By the end of the 20s patients were depicting their voices in radio plays and hearing them from "megaphones."

A good example is a piece by a 52 year old housekeeper, another Theosophist, admitted in February of 1927. She heard voices and passed an old undergarment between her legs to "keep out the ray." She claimed that she was being impersonated by people who were after her money. She was not yet a clairvoyant but believed she would become one someday.

She wrote what appears to be a cross between a "Clinical Record" and a radio play. The initials M.V. and W.V are written in the pencilled margin where, in the "Clinical Record," the doctors' initials would appear. The dialogue is recorded where the main text would be. The initials could stand for "Man's Voice" and "Woman's Voice," but at times both voices appear to be male. At other times the "voice" is clearly the patient's. Occasionally the dialogue form is interrupted by a passage of "authorial comment," as occurs in the "Clinical Record." The date is indicated at the top of the page, the time of day in the margin. Even sound-effects are added, as in the following passages:

Monday, January 24, 1927

W.V. You had better get her in the Mimico Asylum -- to-night if possible --

M.V. Yes I think so --

(scratching at door)

W.V. How you startled me.

M.V. Take that light off that woman.

Two or three times today they have tortured me with the "Ray" or whatever it is they seem to have down below which shoots up my womb like Electricity ....

*****

W.V. This is my son -- he's going to McGill University.

11:30

M.V. What do you want us to do?

W.V. Have the woman examined.

M.V. She is allright -- you leave hear alone ....

*****

M.V. What are you doing to that woman?

Women's Go on make her holler.

Voices

M.V Stop that -- this is positive torture to that woman.

Wednesday, January 2, 1927

M.V. There is something in all this -- that woman is all right -- besides she'[s] a Rosicrusian [sic].

M.V. Do you think so.

W.V. Yes -- she is studying the doctrine.

M.V. If that is so, we'll not allow this persecution -- no -- no more of it.

M.V. It isn't right.

W.V. Then let her get another man.

*****

W.V. It's Electric -- Hydro Electric. It[']s Rape by Radio -- or so they call it.

M.V. How do you account for it. She certainly knows all we say.

*****

W.V. What do you think of it, Doc?

M.V. This woman has been B -- rd.

W.V. The juice is on again.

M.V. This is the Radio hour.

The format might have enabled her in some sense to co-opt and control the "Clinical Record" that she must have known would be compiled about her, as well as to control or at least organize her experiences. It could have been as much a form of treatment or therapy as a record of illness. Combining her version of her "Clinical Record" with a form of popular entertainment would also have made her experiences less peculiar -- and herself something of a celebrity.

The format helped to make her a star or to explain why she thought she already was one to other people. She describes overhearing them talking about her on the streetcar. She is annoyed by an older man and a youth who sit down opposite her (like M.V. and W.V.?). She recognizes the youth as an

"operator" and tells him, before she gets off, that his "number was up." On the way out a woman observes to another passenger that "She is the girl they have got on the Radio. She is the Radio Artist -- is it not awful?"

She was discharged on June 20, 1927.

(The "Schizophrenic" Asylum)

The innovations of Clarke's "individual approach" not-withstanding, "Asylum Life" up to the late 1920s does not seem radically different form what it was at the turn of the century, and the texts considered here reflect its (rather depressing) continuity with the 19th-century. It might be argued that by the mid 1920s it was at its apex, in that it still largely existed, and in that it had been around long enough for it to have developed its own history -- it was conscious of itself; it was a culture (consider the case of the Highchurch family, in the preceding chapter). Modern forms of electronic communication, occupational therapies, intrusive therapies, and (last but certainly not least) intrusive social workers -- would radically transform it.[142]

Dr. J.M. Forster succeeded Dr. Clarke in 1911; the annual reports for the period are less grand, less polemical, and therefore textually less interesting than those of his predecessors. In 1920 Dr. Forster was transferred to the new Asylum at Whitby. His report for the year ending October 31, 1920 was its first; it had previously been a Military Hospital. His description of the arrival of the first patients, mainly from the Toronto Asylum, strikes a chord: John Howard's offhand mention of the arrival of the first patients at Toronto, in horse-drawn wagons, like so much coal:

> A careful selction had to be made as this hospital was planned to be very open and lend itself to supervision rather than detention. A special car accommodating about sixty patients was engaged daily and attached to one of the regular trains from Toronto to Whitby. From Whitby Junction this car was brought on the siding to the Hospital grounds, and from there they were soon in the new quarters.

They arrived in wagons like so much coal. Seventy years later the anthracite variety leave by "special car."[143] Dr. Forster is apprehenisve about giving these former Asylum patients too much freedom. He adds another term to the official lexicon: "supervision."

In the next year's report he is similarly anxious about another innovation, the introduction of Occupational Therapy, which he describes as "the beginning of a concerted and scientific effort on the part of the staff to, if possible, allay or ameliorate the progress of a dementing process so familiar and yet so regrettable to all medical observers." "Dementing Process" was the same term he applied to the experience of shell shock victims. Dr. Forster expresses a degree of uneasiness about the "tremendous amount of freedom being conceded our patients."

The annual reports for the 1920s are very scant for the Queen Street Asylum, no doubt partly because its future still seemed uncertain. The report of W.K. Ross for 1931 is at once strikingly similar to the reports of Daniel Clark, and portentous of innovations that promised to permanently alter Asylum life. Dr. Ross celebrates such improvements as new "fireproof" cement staircases in the Main Building; the (rather long-delayed) move of the Roman Catholic Chapel from the upper story of the Main Building to a room off the basement corridor; the renovation of the old Chapel as a new dormitory for the nurses; the removal of the (hardly "fireproof") paint shop from the Main Building to the grounds; the installation of a new electric dumb-waiter, etc. But after all these "changes" come others more real. Dr. Ross notes, for example, that 30 paretic patients received malarial treatment and 800 intravenous injections of salvarsan or novarsan were given in the last year.[144] Over 100 patients were treated with manganese chloride.

By the 1930s the Asylum was schizophrenic in more ways than one.[145] Despite the implementation of some aspects of the "individual approach" to mental illness that C.K. Clarke had advocated before the war, many patients continue to find their treatment inadequately personal. The doctors reflect on and celebrate their history; the patients reflect on theirs -- mainly to deplore it. They also remember Workman (the institution's most famous doctor, Medical Superintendent from 1853 to 1875) -- not as the "Nestor of Canadian Alienists," but as "Fox and Goose"; they celebrate the Nursing School, as a school of literal "hard knocks"; they note the establishment of a Reception Hospital, but in the context of confinement in a gaol cell, recollected in the untranquil presence of an unsympathetic and abusive nurse; they use semantic arguments, but while the authorities use terms like "asylum," "hospital," "clinic," "reception hospital," "Poor Man's Sanatorium," etc., they see the Asylum at once less positively, and more inventively,[146] as a living tomb, an especially long drawn-out kind of murder, a fourth=rate hotel run by sadistic scullery maids, a brothel for Government Bonded White Slaves, Ontario Hospital Hell, etc. Parallel lines never meet, however often they appear to come to a point.

7 AFTERWORD

Workman's notions of disease reflect, as much as any strictly pathological phenomena, the heroic role that he creates for the physician and for himself especially, the amount of material support that he believes such a role requires, and the inadequate institutional support for such a role in 19th-century North America and especially at the Toronto Asylum. The transition from a heroic period of building to a pessimistic period of compromise and accommodation is reflected in constructions of disease focussed on the Asylum itself. Toward the end of the nineteenth century, the Asylum has become not unlike the hereditary "diathesis" of contemporary etiological thought.[147]

Workman's language, no less monumental and (at times) obsolete, nevertheless helps us to understand one phase in the discourse of madness. Without it we probably cannot hope to understand the whole or know where we are with our own discourse. Workman does not seem to have fully appreciated where he was with his, until it became a dead end. This alone would make him instructive, worth reading. It is widely accepted that madness has been silenced from about the middle of the 17th century, but the effect of this silence on the authorities -- on the lop-sided and misshapen discourse that remained -- is still imperfectly understood. Reading Workman's texts helps us to understand what happened.

Finally, the thesis that Workman approached mental illness as an essentially physiological disorder, or that he "dismissed the long list of supposed `moral' agencies to which asylum superintendents in the early part of the nineteenth century had assigned causal primacy,"[148] appears to be largely based on uncritical assessments of Workman's own unself-critical pronouncements about what he thought he was doing. It should be revised or at least reconsidered in the light of how, in Workman's texts, even such causes appear to have been motivated. Most of the diseases discussed above are in complicity with the social arrangements intended to address them, with the doctor, and with language. This tends to refute those historians still addicted to the hagiographic "great man/pioneer" school of medical history, to whom the notion that a medical doctor is not necessarily more rational and objective than anyone else amounts to apostasy.[149] Yet despite the interestedness of Workman's presentation of "diseases" like masturbation, paresis, and moral mania, respectable historians[150] still tend to exempt him from the application of arguments like Andrew Scull's in Museums of Madness,[151] Constance M. McGovern's in Master's of Madness: Social Origins of the American Psychiatric Profession,[152] and Ellen Dwyer's in Homes for the Mad: Life Inside Two Nineteenth-Century Asylums.[153]

While there appears to have been a discrepancy between what Workman thought he was doing and what he really did, he thought less of what he did all the time. Very late in his life he translates part of one Professor Tebaldi's Ragione e Pazzia, a masque-like satire of doctors' arrogant assumption that they can identify the physiological origins of insanity.[154] The subject of this post-mortem is a strikingly female personification standing for a range of things including genius, inspiration, and the soul. The post-mortem

itself is a self-important search for truth where it cannot be found. Today Workman might inspire us to seek it in language, or not at all.

C.K. Clarke promoted the dissemination of psychiatric authority in texts addressed mainly to other doctors, colleagues, and public authorities. Other texts addressed to a larger audience show Clarke promoting that authority in ever closer and more sustained relatinship to his patients and clients. They show Clarke promoting his profession while "doctoring" patients and public alike -- in public. They also show Clarke, often in a clinical setting if not actually at his clinic, confronting the individual that he insists is the focus of his discipline.

In some ways Clarke's "Jennies" and "Betsies" resemble the "erotomaniacs" of Workman and Daniel Clark, women whose will and appetites are perceived as a threat and therefore pathologized.[155] Inconsistencies within Clarke's narratives indicate a character more intelligent than the one Clarke wanted to establish. Jennie, for example, mischievously inserts her own name in the engagement notice of a supervisor and subsequently received the wedding presents "with great equanimity" (42). She is also suspected of having dispatched her baby, but manages to keep its fate a secret from the authorities. That she is immoral is obvious, but that she represents a serious threat to society, or that she is really a likely subject for psychiatry is less evident, and these are the issues. Clarke, at least, is convinced that the "Betsies" and "Jennies" are mentally ill and sufficiently dangerous to warrant universal psychiatric examination of all would-be factory workers.

At the end of his career Clarke gives the fourth Maudsley Lecture before the Medico-Psychological Society of Great Britain. The abstract is published in Lancet.[156] Now the wholenation is a virtual asylum whose relatively meagre mental health resources render it vulnerable to a plague of European immigration. With its tiny population and its fledgling development, it is remarkable that it has been able to achieve anything at all (1139). Given "the host of immigrants drifting from the old world," more must be done to preserve its vulnerable but virtuous population; otherwise, it will lose its identity, "the rugged qualities which have characterised our people in the past" (1139). Yes, he conceeds, grotequely adapting Kipling's infamous metaphor, "Canada must ... pump in the population," but "it is necessary to put the suction pipe in waters not polluted by defect, physical degeneracy, and social failure" (1139). Canada's greatest hope is not now from Europe, but from "the importation of good Nordic types from the United States" (1139).

*****

Park, Workman, Daniel Clark, and C.K. Clarke -- create among themselves a new kind of "hieratic" authority at once highly textual and, at least ostensibly, referential. This volatile and indeed almost paradoxical combination can probably only be accounted for with reference to the silenced -- or unheeded -- mad. The elements of this authority ultimately prove incompatible. The "references" are always unpredictable. They do not support the texts in anticipated ways, and the mad themselves too often seem merely incidental to arguments made on their behalf.

Their authority is also peculiarly spacial, bound up with the Asylum building itself, with all its brick and mortar, perennial practical problems of heating, plumbing, and ventilation -- and patients. One of the problems for this authority as it endeavours to remove itself from its physical shell, is its unseemly nakedness as it leaves its carapace behind.

From these texts it is hard not to suppose that "Hogtown" is incurable partly because it is not in the best interest of its doctors to cure it. They invent diseases and make them epidemic; at the same time they allow, to borrow C.K. Clarke's phrase, a "terra incognita" of hardship and mental suffering to flourish, by barely acknowledging its existence, and refusing to learn its language. Despite the realization of Clarke's grand designs, the real Asylum -- his, Workman's, and Daniel Clark's Asylum -- continues to exist. It comes between them and their El Dorado as palpably as a continent, more real than ever, as their "virtual asylum" becomes a Tower of Babel, constructed of language over a city always a lot closer to Hell than Heaven.

-- Parkdale, 1999, 2008, 2017 –

8 APPENDIX:
THE WONDERFUL POST-MORTEM
A MASQUE OF MENTAL HEALTH

Translated and Adapted from Prof. Tebaldi's

Ragione e Pazzia

by

Dr. Joseph Workman

Originally Published

in The Canada Lancet 22.2: 33-6 (October, 1889)

Finding and Adaptation for the Stage

by

JON THOMAS ROWLAND

Dear Reader....

This is the version of the play (my finding and adaptatation) that I showed to Lisa Brown of the Workman Theatre (later Workman Arts) in 1998. I'd discovered Workman's article in the course of researching this book, in the stacks in the basement of the Gerstein Library at the University of Toronto. I was subsisting on welfare at the time, and volunteering in the Archives of the Queen Street Mental Health Centre. My idea and research were the basis of the subsequent production, but were never publicly acknowledged by Lisa or by here theatre group. Perhaps doing so would have been awkward for Lisa, since she might have had to pay me – and the production was co-opted by the local arts crowd including one Anne Steacey. This episode obviously continues to rankle, because it happened in the context of an institution with such a bad history of such things. Not

Jon Thomas Rowland

acknowledging someone else's work is plagiarism, one among many affronts practised by the Toronto Asylum and its successors on marginal hence vulnerable people – and continued into the present.

Dramatis Personae

1) "La Pazzia" or Divine Madness

2) Mental Health

3) Dr. Joseph Workman

4) Clever Young Doctor (Dr. Workman in his Youth)

5) Clever Young Students

6) A Mythical Figure or "Shaman"

7) A Sexton

8) Time

Various "Bit Parts": The Human Heart, The Brain, A Voice, etc.

Notes on Production

The centre of the stage is occupied by a large arm-chair, occupied by a character who says nothing but sits and reads for the duration of the play. This character represents "doctors in general," and Dr. Workman himself.

On the left of this seated character is a lectern, at which stands the figure of Divine Madness. She wears a very elegant dress, covered until the end of the play by a dark cloak or gown. She reads throughout the play. Note that while her part is large, it does not have to be memorized, except for the few sentences at the very end, when she leaves the lectern to sit lean on Dr. Workman's chair.

On the right of this seated character is a table which serves as a "dissection" area. The figure of Mental Health stands near this table. On and around this table, Mental Health and other actors mime the words of Divine Madness.

The following items will be needed for the mime: a whig, a bathing cap, a styrofoam head or brain, a plastic saw, a heart-shaped box, gowns for the Young Doctor and his students, etc.

The mime could be improvised by a number of volunteers, and might be a good opportunity for some of the staff of the Centre to perform.

The most important actors are Divine Madness, Mental Health, the Young Doctor, and Dr. Workman himself. Note that, depending on the wishes of the Director, it would be possible to dispense with an actor for Dr. Workman, and substitute an empty chair or a portrait instead.

Note that while as a "post-mortem" this play might at first seem slightly morbid, the whole point of it seems to be that the phenomena of life elude explanation and death by virtue of a mysterious power of infinite variety and change. This power is "La Pazzia" or Divine Madness.

A Possible Introduction.

Dr. Joseph Workman was born near Lisburn, Ireland, in 1805 and died in Toronto in 1894. He came to Canada in 1829, taught school for a time in Montreal, obtained his medical degree from McGill College in 1835, and moved to Toronto in 1836. After a number of years running the family hardware business, he returned to medical practice in 1847 and taught obstetrics and therapeutics in the Toronto School of Medicine. From 1853-75 he was Medical Superintendent of the Provincial Lunatic Asylum, Toronto. Contemporary biographers remark his "literary turn of mind." Nonetheless, while Workman's career is occasionally discussed in an article of the "pioneers of medicine" school, or in a chapter of an unpublished doctoral dissertation, his writings have been virtually ignored.

This is especially unfortunate given the interesting light they cast on the evolution of Workman's attitude to insanity. The thesis, expressed in some (now-dated) doctoral dissertations and articles, that Workman approached mental illness as an essentially physiological disorder, or that he "dismissed the long list of supposed `moral' agencies to which asylum superintendents in the early part of the nineteenth century had assigned causal primacy" (Tom Brown, Living with God's Afflicted: A History of the Provincial Lunatic Asylum at Toronto, 166; unpublished ph.d. dissertation, Queen's U, 1980), obviously needs revision.

All his life Joseph Workman sought the answer to unanswerable questions. Here he translates a work which mocks the arrogance that assumes that one can ever find such answers. Something he thinks his colleagues could learn a lot from.

Note that in his long lifetime Dr. Workman dissected hundreds of cadavers, male and female alike, but the object of this post-mortem is deliberately female, because it stands for things traditionally associated with women: the muses, genius, and the soul. We leave it to you to decide what it stands for exactly.

Dr. Workman must have delighted, in the last years of his life, in satirizing, in this Wonderful Post-Mortem, the futility of looking for truth where it cannot be found, while not looking at it where it already is. We hope you like it too.]

***

The stage is dark. In the middle is a large chair in which an old man, Dr. Joseph Workman himself, sits reading by the light of a single lamp. On the table beside him are a flask of brandy, several glasses, cigars and cigarettes.

Male Voice: I would like to answer a question which is frequently heard by alienists. Do we find the organic changes of our subjects any which may account for the numerous and varied forms of mental disorders? Is there a material structural alteration of the brain, which should explain the strange manifestations of insanity?

As the voice speaks, Dr. Workman adjusts himself accordingly.

An old professor, whose hairs had become silvered in the study of insanity, and who was accustomed to long vigils whilst poring over questions of science, was one night overtaken by drowsiness; he placed his head against the back of his chair, and closed his eyes, to get a little repose.

At this point, a shrouded figure to Dr. Workman's left, Divine Madness, mimes the speaker's words. She carries a scroll, and discreetly deposits it on the corner of Dr. Workman's table. Divine Madness returns to her former place, as the voice speaks.

When he awoke he found on his table a letter; it showed no post-stamp; it was strangely addressed, a little in one direction and a little in another, partly in small characters, and partly in large, with some hieroglyphics interposed; it was just one of those to which alienistic physicians are accustomed, and thus it read:

Divine Madness: [With a florid gesture.] My dear and good Doctor! A sentiment of profound gratitude, to which I am not a stranger, my respect for the untiring kindness which you lavish on your patients, and the desire to explain an occurrence which has caused so much noise, have induced me to address to you this letter.

I know that the sedate and tranquil minds of [Doctors] of this celebrated [Mental Health Centre], as well as a few of the [Provincial Authorities], have been much disturbed by the fact of the disappearance of the body of a woman from the School of Anatomy; here I am to explain the secret, and by so doing I hope to quiet the minds of all those gentlemen.

You know who I am, and you will well remember that, whilst I was your clinical guest, you made a world of enquiries in order to know me thoroughly. My genealogy was traced back to its most remote source, and it was discovered that I descended from a merry and thoughtless god.

A little mime on Dr. Workman's right. A very modern looking female actor, in T-shirt and tights, as Mental Health. She is examined by a busy doctor with a clipboard and a genealogical chart. They continue to mime the words of Divine Madness.

My features were studied as earnestly as those of a lover; my body was subjected to a thousand examinations and experiments, poked, punched and peered into in every part; convulsed by electricity when I was quiet; restrained in a camisole with long, closed sleeves, when I became too lively.

By now Mental Health is in a strait-jacket. Restrained as she is, the Young Doctor begins to give her too many pills. Divine Madness continues.

My inward parts were no less annoyed, for I swallowed as many pills and decoctions as might have terrified a hypochondriac.

Mental health begins to reel around the stage.

At last I was one day believed to be dead --

Mental Health collapses on stage. The Young Doctor nudges her with the toe of his boot. She does not move. The Young Doctor shrugs and goes away.

And I hoped now to have peace, but I was disappointed.

Divine Madness now becomes very mysterious.

I must, distinguished doctor, make to you, in strict confidence, a confession, without which you could not comprehend the mystery. You must not regard me as the equal of any of the other afflicted ones who have the good fortune to be under your care; I am a privileged being!

Troping the Asylum

A Mythical Figure, dressed possibly as a Native Shaman, approaches the reclining figure of Mental Health. Mythical Figure performs a ritual ceremony as Divine Madness speaks.

When I was yet in baby swathing, a genius came to my cradle, and bestowed on me some whimsical caresses, and placing her hand on my tender forehead, she pronounced nearly these words, which have proved prophetic; "Live, dear child, as long as humanity shall endure, and every individual who shall look upon you, or shall touch the hem of your vestment, or possess a lock of your hair, shall derive something from you, and transmit it to most distant generations. The spirit shall animate every part of your body, so that, even when detached from all the others, it shall still have sense and consciousness, and by its own proper virtue it shall tend to reunite with them."

Mythical Figure departs.

Here I now am to prove the truth of [these words], by relating to you, in length and breadth, all that happened to me whilst I appeared to be dead!

More doctors and nurses in white coats appear at the back of the hall and parade onto the stage, carrying sheets, saws, hammers, butcher knives, a large box labelled "SPARE PARTS." They are led by the Young Doctor, wearing a blood-splattered gown. They mime as Divine Madness speaks.

You had just pronounced the fatal word, "MORTA," when I felt the white sheet drawn over my face.

One of the Doctors places a white sheet over the face of Mental Health.

Then ... with but little politeness they denuded me; they lifted me up, and then let me drop into a box, but not without paying a compliment to my body, which, as a handsome female, I accepted with gratification, though I was obliged to appear dead.

> They lift mental health and roughly drop her on a table to Dr. Workman's right. Wolf whistles all around.

I passed into the hands of a man who was still more rude than [the others]; this fellow was the grave-digger; with the assistance of another he lifted me out of the box, raised me high up, and let me plump down on a hard cold stone table, that would have made any creature shiver.

> The Student Doctors gather around the Young Doctor. Pushing and shoving. Nudging and winking. Some of the students are tippling on the sly. Others are obviously cracking risque jokes.

Now began a strange exhibition. All around, on the seats of an amphitheatre, were stretched a hundred young fellows, some of whom were near to me, and you, dear Professor, were among these; the others were higher up and more distant. Oh! how many eyes were fixed on my members, which I, through all my life had so modestly guarded, excepting on occasions in which I was rather discreet. How many complimentary epigrams did I hear!

> The Young Doctor puts on a pair of strange glasses. He begins to examine the brain of Mental Health.

One long, lean gentleman, with a thin gray beard below the chin, and a pair of spectacles on his nose (he was very like you, [Dr. Workman], and wearing a long, black, glossy cloak, came near where my head was placed on a wooden pillow.

> The Young Doctor removes a large saw from the "SPARE PARTS" box, and begins to remove the skull of Mental Health.

Troping the Asylum

An iron hand squeezed my face and pressed it against the hard cushion; I then heard a sharp blade running round my head, from which the hair was removed, and the skin was cut down to the bone.

> The Young Doctor removes a whig from the "SPARE PARTS" box and flings it onto the floor.

Next I heard the scalp leaving the skull, with a sort of rustle, very like that given by my silk dress when I used to attire myself for a ball.

> Rustling noises. The Young Doctor removes a plastic bathing cap from the "SPARE PARTS" box and throws it onto the floor.

I did not feel the least pain, and I listened with curiosity to what the [Young Doctor] was saying to one of those young students, who had come beside me, and from time to time rested his writing board on my abdomen, with very little respect, if I must tell the truth.

> One of the student doctors rests his clipboard on the stomach of Mental Health.

They now, with a saw, removed the upper half of the cranium. When the Professor uncovered the brain, there was a general movement of curiosity.

> The Young Doctor throws the top of a styrofoam head on the floor.

All eyes, armed with magnifying glasses, were turned to this organ, which, being very carefully raised out of its shell, was placed on a weighing scale.

The Young Doctor, assisted by his students, begins to weigh the lower portion of the styrofoam head with the sort of scale that one finds in a grocery store.

[With obvious pride.] And when the Professor announced the weight of it, there was an exclamation of general astonishment, for it exceeded not only the average of that of the brain of woman, but even that ascribed to the brain of man!

The Young Doctor holds up the styrofoam brain on its grocery-store scale. The students ogle it. Ohs and ahs.

They now began to slice the brain, but I did not lose a bit of my consciousness or my finest senses. I heard the Professor at every cut uttering his remarks, which were spiced with strange words, such as the topography of the brain abounds in.

Here it would be possible to insert of voice-over using some of Dr. Workman's own "Pathological Notes." For example:

> On dividing the dura mater, a large encysted deposit of blood coagulum, with some discoloured serum, was found covering the entire superior surface of the left cerebral hemisphere, and extending downwards over the inferior surface of the middle lobe.... In fact, the brain, now freed from its encumbrance, presented not a vestige of disease, excepting a few spots of meningeal adhesion. [Dr. Joseph Workman, "Notes Illustrative of the Pathology of Insanity," American Journal of Insanity 17.1 (1860-61): 7-8]

His observations invariably ended -- all normal!

The Young Doctor is seen shaking his head, perplexed.

Troping the Asylum

I felt the knife running over my breast and abdomen, and then, after learned cuts and tearings, a hand grasped my heart, raised it out of its mysterious nook, and carried it to the light of day.

> The Young Doctor removes a heart-shaped box of chocolates from the "SPARE PARTS" box, and holds it up.

Some of the students now lighted their cigars; the smoke of tobacco has indeed its place in the dramas of the heart; why then should it not honor its dissection? The odor of my internal parts perhaps disturbed the olfactories of these genteel youths: --alas, what a metamorphosis of matter!

> The students are seen lighting the Young Doctor's cigar.

My heart, as a dethroned sovereign, was laid on my breast; the point of the knife was pushed into it, and it was split open in two or three directions.

> The students open the heart-shaped box of chocolates and share the contents.

I tell you truthfully that these wounds, inflicted on the dearest of my organs, were the only ones that made me feel a sort of thrill; but I found comfort in the thought that the treasure had long ago been removed from its shrine; the sought the prize in any empty casket. Sentiments, affections, passions, emotions, ravings, all its tumultuous array, I had given over the custody of other keepers ....

I was hoping that this entertainment had closed, when I was put to a fresh trial. The Professor, having cut off a little slice of my brain, put it between two glasses, and placed it under a lens which magnified enormously.

> The Young Doctor removes a toy microscope from the box of "SPARE PARTS" and examines a piece of chocolate.

"Behold," I heard him proclaim, "a nervous cell!"

> An actor dressed up as a "nervous cell" or carrying a large poster of an amoeba, leaps up from behind the table and runs screaming from the stage.

And all those gentlemen, one by one, looked at it, but on finishing I thought I heard them say to themselves, --"we knew all that before."

> The students pretend to be unimpressed.

After this the [Doctor] turned round to his scholars, and with much solemnity declared: --that as no special lesion was found, to which death could be ascribed, they must hold that the cause of this patient's death must have been paralysis of the heart.

> The Young Doctor is seen to be speaking, his students nodding in agreement. All look very self-satisfied.

I laughed in all the little bits into which they had divided my poor body.

> Mental Health is seen covering her mouth with her hand. A figure dressed up as Time enters the auditorium, beating a gong. The Young Doctor and his students prepare to go. The Young Doctor hangs his blood-stained gown on the coat-rack beside the table. They leave. The sexton remains.

A stroke of the bell emptied the amphitheatre; the sexton remained, and smoking the stump of a cigar, a muttering with a monotonous cadence a vulgar jest, threw my ill-used members into the casket.

The sexton throws the body-parts (the whig, the bathing cap, the styrofoam brain, etc.) into the "SPARE PARTS" box.

He then poured water over the stone table, to make it ready for another dissection; after which he took off his black, blood-stained tunic, and with his wonted refrain and the last puff of smoke, he went out of the school.

Exit the sexton.

A profound silence now reigned in that chamber of death, when every part of my body, seized by the force of affinity, moved towards those which had been its neighbors during life, and in a short time I felt myself re-made.

Mental Health stirs on the table.

In a short time I felt myself re-made; the edges of the wounds of the heart were united; it commenced to beat, and the blood again flowed through the most distant windings of the vessels. As if awaking from a fearful dream, I raised my head and looked around, and hearing no sound I arose from that dread repository and proceeded to the door.

Mental Health rises, walks over to the "SPARE PARTS" box and peers inside. Mental Health touches the relevant parts of her body as Divine Madness talks.

I was naked, and I must cover myself with something; it would have made a devil of a row, and they would have shut me up again in the asylum if I had gone out in that state; and yet those young fellows had seen and examined me from head to feet; so I took down from its peg your black gown and put it on me; I put a white covering on my head, and then I went forth from that place which I shall never be able to forget.

Mental Health removes the Young Doctor's gown from the coat-rack, and puts it on. She looks around her, then exits through the auditorium door. Divine Madness is now

alone on stage with Dr. Workman, who is still reading the long letter, and sipping his brandy.

Once outside, I became mistress of myself; I went around, as is now my custom, among the people; to-day I walk in professional vestments, which suit me just as well as any other, in which I disguise and conceal --

Divine Madness begins to loosen the dark gown which she has been wearing till now. On the next word she lets it fall to the floor.

MYSELF!

Spotlight on Divine Madness who is now seen to wearing a beautiful, sequined gown. She looks a bit like MAE WEST.

You have now, my dear Doctor Workman, the story of the post-mortem of a living woman!

She walks over to Dr. Workman, who has finally finished reading the letter. Dr. Workman is holding a snifter of brandy. He puts down the snifter, and in his left hand raises a large lighter, preparing to smoke his cigar. By now Divine Madness is leaning over his chair.

You may be grateful to me for the secret, as I am to you for all the kindness lavished on me by you, and for all the experiments made on my body both in life and supposed death.

By now Divine Madness is perched on an arm of Dr. Workman's chair, though he does not appear to notice, still thinking of lighting his cigar. Divine Madness reaches over to the table, and takes a cigarette.

I do not kiss your hand, fearing that I might thus infect you with a little of my own --

Dr. Workman flicks his lighter. A large flame.

Whimsicality!

Dr. Workman proceeds to light his cigar, keeping the flame very still.

But I make you a low courtesy.

Divine Madness stoops just a little, to light her cigarette from Dr. Workman's flame.

And I hope to see you soon again, in some new and interesting resemblance.

Divine Madness takes a long drag on her cigarette. Exhaling she blows out the flame, leaving Dr. Workman in deep shadow. A single small spotlight glitters on her diamonds.

Continue to me that friendship which was so great a favor to me, and which shall never be forgotten by your most devoted --

A brief pause as she raises her arm in a magnificent gesture, before shouting.

MADNESS!

A brief moment of intense light on the statuesque figure of Divine Madness. Then

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BLACKOUT.

9 ABOUT THE AUTHOR AND NOTES, ETC.

Jon Thomas Rowland was born in Chatham, Ontario in 1956. He did his B.A. and M.A. at the University of Toronto, and his Ph.D. (in 18th-century satire) at the University of Montreal. He taught at the University of Toronto from 1993 to 1995. His thesis was published by the University of Delaware Press as Faint Praise and Civil Leer: The Decline of 18th-Century Panegyric. His study of the meanings of homosexuality in some obscure and not-so-obscure 18th-century texts was published by the Fairleigh Dickinson University Press in 1998.

Never obtaining tenure or even a steady job, Rowland subsequently worked in shelters and group-homes for mentally ill people in Toronto, Canada. This experience, his appreciation of 18th-century satire, and the 20th-century satires of Celine and Burroughs, have affected his view of the world. He lives in the Parkdale neighborhood of Toronto, and continues to write.

[1] When Workman first knew of it, he anticipated a raised bridge which would have required long and expensive embankments over asylum land. Moreover, the trains "incessantly passing" underneath would be a danger to "spirited horses and cattle" (Report for 1871, 26). Finally, the bridge itself, "so near our grounds," ought to be ornamented more "than the times warrant" (26).

[2] The Provincial Lunatic Asylum officially opened on Queen Street West in 1850. In 1871 it was renamed Asylum for the Insane, Toronto. In 1907 all of the provincial asylums, including the institution on Queen Street, were renamed "Hospitals for the Insane." When in 1919 such institutions were renamed "Ontario Hospitals," the Queen Street institution became "Ontario Hospital, Toronto." The name "Queen Street Mental Health Centre" was adopted in 1966. The institution merged with the Clarke Institute of Psychiatry and various other institutions to form the Addiction and Mental Health Services Corporation in 1998. Such names describe, in a different way, the argument of the book; so does the persistent apocalyptic designation, "999," after the institution's street address (subsequently changed). For simplicity, and because it is less euphemistic, I consistently identify this institution as the "Toronto Asylum" or "the Asylum."

[3] In "Demonomania and Witchcraft," American Journal of Insanity 28 (1871): 175-93.

[4] Michel Foucault, The Birth of the Clinic: An Archaeology of Medical Perception, Trans. A. M. Sheridan Smith (New York: Pantheon Books, 1973) .

[5] See in particular Foucault's discussion of how the "birth of the asylum" at Samuel Tuke's "York Retreat" and Pinel's "Bicetre" facilitated not only a liberation from physical restraint but also a subtler imposition of different kinds of "self-restraint" (250-51). These kinds included constant observation or self-observation whereby the insane were no longer a spectacle for others but objects of their own self-loathing, and above all silence whereby "there was no longer any common language between madness and reason" (262).

[6] See T. J. W. Burgess, "A Historical sketch of our Canadian Institutions for the Insane," Transactions of the Royal Society of Canada, Series IV (1898). The prisoners are released from their basement cells and allowed to occupy the relatively luxurious quarters formerly reserved for debtors; they are washed, clothed and for once properly fed. The effect of such physical improvement on their mental condition is radical:

> many who had long been confined as confirmed lunatics were found labouring not under mania but under derangement arising from physical causes and yielding to physical remedies. Several have completely recovered who, but for this treatment, would probably never have exhibited another gleam of reason. (Burgess 21, quoting from the Journal of the Legislative Assembly of Canada, appendix L.L., Kingston, September 22nd, 1841.)

The transition is depicted as a movement from dark to light: from the dark of the cells to the light of the debtor's quarters (described as "purified and airy" (20)); from filth to cleanliness; from the night of madness to the day of reason. Thomas E. Brown, in "Foucault Plus Twenty; On Writing the History of Canadian Psychiatry in the 1980s," Canadian Bulletin of Medical History 2.1 (Summer, 1985): 23-49, calls this point of view the "Whiggish bias" of Canadian asylum history: "the asylum was a noble humanitarian `reform,' the inevitable concomitant of the moral progress and enlightenment of the Canadian community. Nor did Burgess see the nineteenth century Canadian asylum experience as anything other than a triumphant upward progress" (24).

[7] George H. Park, M. D., Narrative of the Recent Difficulties in the Provincial Lunatic Asylum in Canada West (Toronto: Printed at the Office of the Toronto Examiner, 1849). Very little is known about George Hamilton Park. Like Joseph Workman, who later became Medical Superintendent of the permanent Provincial Lunatic Asylum on Queen Street, he had strong ties with Dr. John Rolph, a reformist politician and medical teacher; he was Rolph's brother-in-law. Thomas Edward Brown's, "Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto (Queen's University, Kingston: Unpublished Ph.D. Dissertation, 1981), 123-27, contains a brief statement of Park's difficulties at the Asylum.

[8] It helped that there were a number of very prominent clergymen among the Commissioners. According to The Dictionary of Canadian Biography (Toronto: U of Toronto P, 1966 --), the Rev. Commissioner Henry James Grasset (1808-1882) began his career in Toronto in 1835 as curate at St. James Anglican Cathedral. His Low Church Protestant persuasion might account for his apparent allegiance with the Rev. Dr. Roaf, a Congregational minister and Dr. Park's great enemy. Dr. John Roaf was born in Margate, Kent on January 5, 1801 and died in Toronto on September 2, 1863. A minister of the Congregational Church, on arrival in Toronto in 1837 he took the Nonconformists' side in the controversy over Clergy Reserves. As is not surprising from his involvement in the affairs of the Provincial Lunatic Asylum, he seems to have been something of an entrepreneur. An anonymous eulogist records that "in 1855, he was overtaken by financial embarrassments, and he then resigned his pastorate" and that "the tongue of scandal made itself busy with his business transactions" (In Memoriam: The Late Rev. John Roaf (Toronto, W.C. Chewett & Co., 1863). The Rev. Dr. Roaf precipitated the quarrels at the Temporary Asylum when he relayed a complaint by a keeper, James Hungerford, to its target, the Steward. Such involvement violated the regulations, which stipulated that any incidents arising during a given week were to be addressed to the Commissioner appointed for it (which Roaf was not);

> stepping out of his sphere in the assumption of an extra-visitorial function, (never assumed before,) [the Rev. Commissioner Roaf] brought the letter, the writer of it, and the officer offended by it, into immediate collision ... privately producing discord without remedying it. (9)

Finally the Commissioners simply refused to suspend Keeper Hungerford, although he was guilty of drunkenness, neglect, and insubordination.

One curious effect of such quarrels, often over punctilious matters of jurisdiction, is to make reason appear weak and wasteful in the very context where it should have been most respected and conserved. The casual disclosure of very different realities as "asides" in the course of such arguments, such as Dr. Rolph's mistaking Hungerford for a tradesman because he was smoking in the attic, and Rolph's assuming that it was "to correct the noisome fumes to which he had not been accustomed," suggest a reason running more than slightly amok in its own defense, at the expense of the reality it was supposed to redress. But one invoked it is impossible to dispell, even from a jurisdictional dispute, a turf war. Rolph introduces it to distance himself from it, while disingenously attaching the blame to subordinates like Hungerford who "to save themselves trouble, had doomed lunatics to such noisome quarters." But it cannot be laid at the feet of a mere Keeper. Ultimately it embarasses the authority who only acknowledges it in order to exploit it. Park himself reveals a paradoxical tendency to base what should have been a very real medical authority on an abstract one -- or, in other words, to base his authority on activites that are really properties of authorship. The accompanying danger is that the "mad" reality will, as it periodically does not only here but in the polemics of subsequent Asylum doctors, either discredit authority when it is invoked, or erupt into the text through an unwary aside -- and discredit it even the more.

[9] Upper Canada Journal of Medical Surgical and Physical Science 1.9 (December, 1851), 378-84.

[10] See Thomas E. Brown's item in the Dictionary of Canadian Biography, vol. 12 (Toronto: U of Toronto P, 1990), 1122-27. Brown's 5-page essay is the best secondary source of information on Workman and his importance.

[11] For the sake of simplicity quotations from the annual reports of the medical superintendent, for the years 1853 through 1905, are referred to by year and page number. A complete series of these reports is available on microfilm at the Archives of Ontario in Toronto and most can also be found in the Archives of the Queen Street Mental Health Centre. The institution referred to simply as the Asylum officially opened at the Queen Street location in 1850 as the Provincial Lunatic Asylum. In 1871 it became the Asylum for the Insane, Toronto. In 1907 it became known as the "Hospital" for the Insane, and in 1919 it was identified as "Ontario Hosital, Toronto." I refer to it as "the Asylum" throughout this work -- a simpler and less euphemistic designation. Some of the `traffic' in Annual Reports among Asylum Superintendents is indicated in a series of letters from Workman to Dr Edward Jarvis (Superintendent of a private asylum in Dorchester, Massachusetts), preserved among the Edward Jarvis Papers in the Francis A. Countway Library of Medicine in Boston (typed transcripts of these are available at the Archives of the Queen Street Mental Health Centre in Toronto). On August 20, 1853, Workman indicates that he has sent Jarvis three back-issues of Reports concerning the `temporary asylum' which preceded the permanent institution of which he became Acting Superintendent that year. In the same letter Workman expresses his opinion that even in cases of religious madness, `there is always a predisposing cause which renders the individual liable to the malady'. He rather disingenuously flatters Jarvis as one who has `no doubt bestowed much attention to the subject of insanity', and invites the more experienced alienist to send him `at an early date, a list of the best recent authors on the subject of insanity'. On November 1, 1855, Workman acknowledges receiving from him `17 copies of your report on Idiocy and Insanity', no doubt for distribution in Canada and probably in England too. He apologizes for his slowness in sending Jarvis, in return, copies of his own latest Report, `presented to the Legislature in June 1854', which appears to have been held up at the printer's. He also expresses his satisfaction, after a convention he attended in Boston, that `my own asylum here is, in many respects, perhaps in the main, superior to any which I visited'. On December 17, 1863, Workman complains, in a letter marked `Private', that the Chairman of `an incompetent Board of Inspectors of asylums and prisons -- men pitchforked into office by political influence', one Dr Tache, has printed a report criticizing `a communication of mine to the Govt on several matters relating to this asylum'. These matters obviously included the problem of crowding, since Tache faulted Workman for accommodating fewer patients per square foot than his counterpart at the Beauport Asylum in Quebec; Tache also complained about the ventilation of the Toronto Asylum. Workman is openly soliciting, as he himself puts it, `authorities' (his emphasis), seven of whom he has already written. He also asks Jarvis for permission to publish his answers in his own reports, and begs him to send him copies of any annual or other reports -- `English or Irish or French bearing on the subject'. On December 14, 1863, Workman sent Jarvis a little questionnaire addressing questions of `sufficient atmospheric cubic space for an insane person' under both `an efficient system of ventilation' and `a defective system'. In another letter to Jarvis, dated September 17, 1868, Workman states that he has sent a set of his reports to Sir James Clark, along with his comments on the issue of non-restraint. Andrew Scull places Clark among the `articulate and outspoken detractors' of Victorian asylumdom; he was physician in ordinary to Queen Victoria (See Andrew Scull, The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900 (New Haven: Yale UP, 1993), 318). At least on this occasion Workman seems to function as unofficial spokesman for `all the Superintendents of American Insane Hospitals', with whom he agrees that `the alternatives had recourse to in English Asylums, as witnessed by myself, are much more annoying, and most be more hurtful, both bodily and mentally, to the patients than any mechanical appliances used in America'. The contents of the reports promoted professional interests, and their dissemination opened channels for additional communication.

[12] Dr. Joseph Workman, `Reminiscences of asiatic cholera in Canada', The Canada Lancet 16.2 (1883), 33-39.

[13] For the background of masturbation and insanity in the nineteenth century, see E.H. Hare, `Masturbatory insanity: the history of an idea', Journal of Mental Science 108 (1962), 1-25. Hare argues that three main factors account for the prevalence and long duration of the masturbatory hypothesis: conservatism, poverty of scepticism, and fallacious reasoning. Of particular relevance to Workman's handling of the issue is his observation that `From Tissot to Sachs, physicians saw themselves as the guardians of civilization; they proclaimed it the duty of parents and teachers to prevent by all means the habit of masturbation in the young .... One doubted it at one's peril or at the peril of one's race' (16-17).

[14] See for example the item in the Canada Medical Journal 3 (1866-67), 237-39. The writer supports Workman's ambitious plan for a system of secondary asylums and concludes by reiterating Workman's views on the causes of insanity, `the most fruitful of which is that moral sin, self-abuse; or, in plainer language, the filthy practice of masturbation; learnt at school by most boys, and carried on in after life by many, to the sapping of the foundation of all that is pure, holy, healthful, and intellectual' (239). A similar item, in the Canada Medical Journal 1 (1864-65), 491-92, urging that a proper asylum be built in Montreal, attributes insanity to unspecified `evil habits': `Many, we might say the majority of cases of insanity are superinduced by evil habits, indulged in possibly for years. The unfortunate victims, in many instances, become so enslaved by the particular vice, as to lose all moral power of self-restraint' (491).

[15] Workman's important work on educational reform in the 1840s and 50s would also have reinforced his position and given his allegations about education and masturbation special authority. See Rainer Baehre, `Joseph Workman (1805-1894) and lunacy reform: humanitarian or moral entrepreneur?' (Montreal: Paper Presented to the Annual meeting of the Canadian Historical Association, Learned Societies Conference, 1980). In 1850 Workman was appointed first chairman of the Toronto Board of School Trustees. Baehre describes the 1840s and 50s as an era of educational reform: "free education, non-denominational schools, and provincial control over the university system were dominant issues" (7-8). Workman supported non-denominational schools.

[16] This tends to corroborate E.H. Hare's hypothesis that masturbation was like God in Pascal's wager. See note 9 above.

[17] See Vern L. Bullough and Martha Voght, `homosexuality and its confusion with the "secret sin" in pre-Freudian America', Journal of the History of Medicine 28 (1973), 143-55. Doctors were urged not to be reticent about onanism because young lives were at stake (147).

[18] See note 11 for indication why. Workman exploits masturbation's scarifying potential: `Case, Register No. 2,826.--T.D., a man, aged 27; insane for several years before admission. One side of his body was half covered with large patches of naevi materni, which owing to the feeble power of the capillaries, had generally an inky hue. It appears that he had been a rather promising youth, but owing to causes which his friends did not understand, his mind broke down, and confirmed insanity ensued, the assigned cause of which was "disappointed hopes". We too well know what was the real cause, for a more obstinate case of insanity associated with secret bad habit, has hardly been met with here. Before his death sloughing of the scrotum and other contiguous parts, induced by cutaneous inflammation, from a cause which it is unnecessary to specify, had taken place. A more piteous human wreck could hardly be imagined. P.M. --Testes completely exposed, and the dorsum penis also bare. The ulcerative process extended to adjacent parts. Intestines, stomach, liver, spleen, and pancreas all normal. Lungs totally destroyed by tubercles. Heart hypertrophied to double the normal size. The full details of post-mortem condition of certain parts are

unfit for publication in an annual report' (1866, 34).

[19] See the Canada Medical Journal 1 (1864-65), 401-12,

[20] Wendy Mitchinson, The Nature of Their Bodies: Women and Their Doctors in Victorian Canada (Toronto: U of Toronto P, 1991), 293. Mitchinson observes that in the nineteenth century causes of mental disease tended to be assigned at least partly on the basis of `medical perception of gender roles' (293). While `masturbation primarily concerned males' (111), tuberculosis was the `primary killer' (54) of women; assigning a form of it to male masturbators might well have been a way of stigmatizing their sexuality.

[21] See H. Tristram Engelhardt, Jr., `The disease of masturbation', Bulletin of the History of Medicine 48 (1974), 234-48. He suggests that doctors like Workman associated masturbation with the symptoms of other diseases as part of a general effort `to correlate a vast number of signs and symptoms with a disapproved activity found in many patients afflicted with various maladies' (246). Workman's `On latent phthisis in the insane', American Journal of Insanity 19 (1862), 1-10, contains an earlier version of this colourful passage from Workman's report for 1871: `They cough not, expectorate not, sweat not, have no blood-spittings, no colliquative diarrhoeas, no pleuritic pains, and assuredly none of that mental brilliancy, insane hope, and indomitable restlessness so usually met with in ordinary consumptives' (1871, 24). That what first appeared in an argument for more post-mortem research into the connection of chronic insanity to bodily ailments like tuberculosis, now appears in a piece warning against the hazards of moral pestilence, or that the same passage applied to latent consumptives could be applied to secret masturbators, indicates the contingent nature of Workman's constructions. In `On Latent Phthisis' Workman's confidence in physical pathology could not have been greater: `When we lay open the thorax, and introduce the hand to grasp the lobe of the lungs, we may discover, in an instant, the important secret' (8). At the same time his confidence in the ability of moral therapy to effect a cure seems diminished. He argues that, once the connection between `incurable bodily disease' and insanity were established, not only would the prognosis of insanity be more accurate, but the unreasonable expectations imposed on Asylum doctors would be correspondingly reduced. The Asylum could then get on with the care of the chronic insane, `its real duty ... the happiness and well being of the insane ... to the largest possible measure' (10). See also Workman's `Cases of fracture of the ribs in insane patients, revealed by post-mortem examination', American Journal of Insanity 18 (1862), 349-55. This appears to express a similar fascination with the connection between insanity and the `most formidable disease', a connection previously obscured by the apparent `immunity' of the insane themselves to pain and other symptoms associated with their disorders. `On certain abdominal lesions in the insane', American Journal of Insanity 20 (1863), 44-60, attempts to articulate the same connection, through the intestines: `Deflection of the colon, in the insane, never exists as an isolated pathological fact .... It is however, very doubtful if it is ever present in curable insanity' (57). While his pieces might appear scattered and trifling, their motive is probably otherwise: the desire to extenuate the Asylum, and indeed to reassert its utility in the light of the increasingly obvious failure of moral therapy. Associating insanity with a synthesised plague of consumption and masturbation seems to provide Workman with both a pathological excuse for the increasingly obvious failure of moral therapy and a reason for its continuation in a different form: the alienist as public moralist.

[22] Dr. Joseph Workman, "Case of moral mania?," American Journal of Insanity 19 (1863): 406-16.

[23] See Hannah Franziska Augstein, `J.C. Prichard's concept of moral insanity -- a medical theory of the corruption of human nature', Medical History 40 (1996), 311-43. According to Augstein, the concept was formulated for the first time by Prichard in 1833. In his formulation the highest mental faculty, judgment, was not directly affected by the brain, while lower faculties like emtions and understanding were affected by the entire body. Moral insanity was a disorder of the passions brought on by the moral depravity, the irreligion, of the age, and which medicine alone could not cure. Later doctors tended to emphasize the `somatic' aspects of Prichard's concept without its religious underpinnings, even synthesizing it with popular ideas about heredity. Workman himself later seems more interested in the hereditary aspects of K.S.'s moral insanity than in its immaterial origins.

[24] Workman observes that `it is difficult in contemplating the cerebral Fort Sumpter, to avoid the suspicion that some naughty Jeff. Davis was at the bottom of the row' (`Case of Moral Mania?', 412).

[25] Kate Storror, Admission Order #2625 (December 14, 1861), Ministry of Health, Queen Street Mental Health Centre Records, RG 10-20-B-1, Archives of Ontario. Storror's `Form of Admission of a Patient' indicates `destructiveness -- thieving -- sullen' under `propensities and delusions'.

[26] Dr Joseph Workman, `Moral insanity -- what is it?', American Journal of Insanity 39 (1883), 334-48.

[27] See Wendy Mitchinson, The Nature of Their Bodes: Women and Their Doctors in Victorian Canada (Toronto: U of Toronto P, 1991), 298. She describes a similar "blind spot" in Workman's response to one Catherine Furness's recurrent bouts of puerperal mania: "at no time in his diatribe against this woman did he blame her husband for sharing his wife's bed" (298). Perhaps the family was spared especially when the patient was female and the father, husband, or brother might have been the source of the problem.

[28] Workman's dissatisfaction with the terms invented for related phenomena by Prichard, Pinel (`manie sans delire') and Esquirol (`manie raisonnante'), but especially with Prichard's `moral insanity', which he argues should be reversed to `insane morality', indicates at once a grudging reluctance to even suggest tbat the insane might posses anything as coherent as an alternative morality and a sensitive admission that they might: `The insane do not always rave, nor do those who rave always do so; the insane sometimes reason, occasionally indeed, a little too sharply, as I have often known, for those who address them as if taking them for mindless bipeds' (336). Workman recounts the case of a failed businessman whose symptoms include Prichard's `unaccountable change ... in the feelings, the moral sentiments, or the conduct and social demeanor of its destined victims' (337). Such symptoms would tend to restrict `moral isanity' to middle-class patients; Workman's article features a rather cloying depiction of the middle-class life `moral insanity' disrupts, complete with `loving husband', `tender parent', and `happy home'. The patient is probably William Thorold, Admission Order #5575 (January 20, 1883), Ministry of Health, Queen Street Mental Health Centre Records, RG10-20-B-1, Archives of Ontario. Thorold lived at Mutual Street, Workman at 113. On the `Certificate of Insanity', witnessed by Workman's wife, Workman describes Thorold's `deep melancholy' and his `History' indicates attributes his insanity to `business unsuccess'. No reference is made to `moral insanity'.

[29] Workman, `Case of Moral Mania', 410.

[30] Dr. Joseph Workman, `Notes illustrative of the pathology of insanity', American Journal of Insanity 17.1 (1860), 1-18.

[31] Dr. Joseph Workman, `On paresis', The Canada Lancet 10.11 (1878), 357-59; 11.1, 1-5.

[32] Dr. Joseph Workman, `Insanity of the religious-emotional type, and its occasional physical relations', American Journal of Insanity 26.1 (1869-70), 33-48.

[33] See Wendy Mitchinson, The Nature of Their Bodies: Women and Their Doctors in Victorian Canada (Toronto: U of Toronto P, 1991), 315. Mitchinson remarks that `In 1869 workman discussed the relationship between religious melancholy and certain deviant acts and language' (315). Workman's noting the preponderance of women afflicted with this disorder is cited as one of the few instances of Asylum officials noticing gender differences in inmates.

[34] Workman's own beliefs or lack of seem to show through his approach to religious insanity, which is guarded with reason (see note 19). See Rainer Baehre, `Joseph Workman and lunacy reform: humanitarian or moral entrepreneur' (Montreal: Paper Presented to the Canadian Historical Society, 1980). Baehre summarizes his religious beliefs thus: `in regard to Workman's reforming zeal it should be noted that he helped establish Toronto's first Unitarian congregation. He himself was not apparently a regular church-goer and can probably be described best as a free thinker and a secular moralist. His disdain for the hypocrisy and self-serving nature of the establishment churches is evident throughout his life in occasional references in his writings' (16). These would include passages in the annual reports where he inveighs against preachers for terrorizing his patients with sermons on hell-fire and damnation. For example, in the report for 1871 Workman cautiously observes that `We certainly have had a distressing number of the class who believe themselves to be unpardonable sinners; and it is well-known in Asylums that suicidal tendency is very common in them. As almost the whole of these creatures are really good people, who have been notable for their religious life and tenderness of conscience, I leave it to the common sense of the intelligent reader to assign the efficient cause of the delusion' (18). He deplores the effect of one preacher in particular, on a patient whom he describes as `the most pitiable case of religious despair I have ever yet seen' (30).

[35] Dr. Joseph Workman, `Demonomania and witchcraft', American Journal of Insanity 28 (1871), 175-93.

[36] Many of his colleagues were not so open-minded. Workman describes the reception of an earlier version of `Demonomania' at the Annual Convention of Medical Superintendents in Toronto in 1871: `I read a paper on Wednesday evening on Demonomania [at the Annual Convention of Medical Superintendents in Toronto]....It brought up some discussion, but not on those points on which I desired it....New England men, with their constitutional thin-skinnedness, lost sight of every thing but my brief and very mild allusions to the atrocities of the Salem witchcraft murders. Dr. [Isaac] Ray went even so far as to claim credit & honour to Massachusetts for her noble assertion of conscientious conviction of divine truth in that time of primitive credulity.... Dr [Richard] Gundry of Dayton made an [illegible] onslaught on me, because of my allusion to the witch murders in the time of Cromwell.... Dr Gundry is a Cockney and is always most anxious to demonstrate his conversion to pure American fealty.... All thanked me, but none seemed disposed to follow me. Moral courage is not over-thickly spread on the present race of Super-intendents; but the time must come when men will more freely speak out'. See the entry for Monday, June 12, 1871, Workman Diaries, vol. 1, B80-0015, University of Toronto Archives.

[37] The completion of the Asylum's long awaited wings seems to allow Inspector Langmuir to shift his focus from the building itself to its immediate surroundings. To him it seems to be a matter of dignity as well as a necessity that "this Institution ... third, in point of size and population, on the Continent of America ... should have at least 250 acres of land attached to it" (1869, 4). His focus seems aesthetic as well as practical, his attention almost equally divided between the arable and the ornamental as he discusses the "indication of a large crop" in the same paragraph where he approves of how the "ornamental portion of the grounds ... adds very much to the enjoyment of the patients" (1869, 4).

While some land is rented in 1866 from one Mr. Bacon, "thirty-six acres, contiguous to our grounds" (1867, 49), Langmuir urges that the "short-sighted mistake of placing an Institution of this magnitude on a plot of fifty acres" should be permanently rectified (1869, 4). It is a problem not just in terms of economy but in terms of "providing out-door occupation for the inmates of the Asylum, the beneficial results of which in an Insane Hospital cannot be over estimated" (1869, 4). Arguing in tandem with his Inspector, Workman is even more pungent in his criticism, calling the omission "a most stupid oversight" by men "who understood the requirements of a large lunatic asylum about as well as they did those of the Crimean army" (1870, 18).

In the Report for 1871 Langmuir complacently observes 23 patients "engaged in out-door employments .... in draining, ditching, and in preparing the land for spring crops" (1871, 4). This is accepted as a part of "the process of converting a barren common into a fruitful and productive farm" (1871, 4), morally and materially beneficial. Patient labour was not restricted to the farm. Langmuir describes how "a considerable wood surface throughout the Asylum had been repainted, doors grained, and the front fence bronzed, chiefly by the labour of the inmates" (1871, 4). Women worked as well as men, but they did "the internal work" of the Asylum. The distribution of internal and external work between males and females is an argument for not maintaining separate asylums for men and women (1867, 51). Segregation is only desirable in "aristocratic institutions, where the patients will not work, or their stupid proud friends wish them not to do so" (1867, 51). All clothing except shoes is made by the patients, assisted by a tailor and a seamstress (1872). Probably the bedding is too. The short crop of straw suggests to Langmuir "the advisability of increasing the number of hair-mattresses throughout the Asylum" (1872, 4).

In the Report for 1871, Workman anticipates building new farm-houses on the newly created "farm" near a proposed bridge. He only regrets that they had not cultivated the land earlier: "A few years of Asylum cultivation and enrichment will demonstrate the loss sustained by the public in the last 20 years, from keeping this land back from Asylum possession" (1871, 26). As for the bridge, he fears that raising it over the tracks would have required long and expensive embankments over asylum land. Moreover, the trains "incessantly passing" underneath would be a danger to "spirited horses and cattle" (26). Finally, the bridge itself, "so near our grounds," ought to be ornamented more "than the times warrant" (1872, 26).

What Workman calls the "New Farm" is begun in 1870, when he and Langmuir explore the western grounds north of the GTR railroad that cut diagonally through Asylum land. In 1871 he recalls the pleasure he had "walking and wading over it" with Langmuir in the spring. Twelve acres that were formerly the resort of snipes and plovers have been made arable by tile and drainage (1871, 24-5). Here is planted the bulk of the potato crop. An eighteen acre field south of the tracks has been similarly prepared, provision being made for the anticipated Central Prison. Since the Asylum pumps at the lake will also supply the Prison with water, Workman recommends the laying of a larger pipe 4 and 1/2 to 5 inches in diameter (1871, 26). The lease on the Bacon farm is renewed, but he frets that unless they acquire more cows, they will have to dilute the cream in their tea and coffee. Workman jokes that patients "have now been educated into scientific cutters of drains, and layers of tiles" (1872, 26), but leaves no doubt that the real scientist is himself. He himself draws "rough diagrams of the drains of every field ... in my asylum journals, so that at any time they can be readily traced on the land" (1872, 26).

[38] In his report for 1866 Workman again urges distributing the chronic population among secondary asylums: `each district or union of counties, supports its own share of them, and no share of those of other districts .... each town and township levies from its inhabitants, just so much as it pays for support in a secondary Asylum' (26). An item in the Canada Medical Journal 3 (1866-67), 237-39, quotes generously from this report and indicates how the contents of such reports could be recycled. The writer concludes that `by the present system of affording relief, we are each year augmenting to a serious extent, the number of cases of incurables, many of whom would undoubtedly have been restored to the industrial population had prompt measures for their relief been adopted' (238).

[39] See Andrew T. Scull, Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England (London: Allen Lane (Penquin Books Ltd.), 1979.

[40] Workman is rather cryptic about his immediate reasons for retirement in 1875 at the age of 70. However, it would have been obvious to everyone that, as Thomas Edward Brown puts it in `Living with God's Afflicted': A History of the Provincial Lunatic Asylum at Toronto, 1830-1911 (PhD Thesis, Queen's University, Kingston, 1981), `both Workman and the asylum were growing old' (230). Brown summarizes the Workman era at the Toronto Asylum as a good thing gone wrong: `a time of shattered expectations, growing disillusionment and dissatisfaction, a search for alternatives, and, ultimately, of a forced but uneasy accommodation with the grim reality that the asylum did not cure' (232). Workman himself could not have put it more heroically.

[41] Dr. Lizars obituary in the Canada Lancet 7.7 (March, 1875) notes that J.L. Lizars, nephew of the famous surgeon, was born in Edinburgh in 1832. After studying medicine in Edinburgh he joined the French army and seved in the Crimea. He seems to have been involved with Dr. John Rolph, in whose school he taught.

[42] The Upper Canada Journal of Medical Surgical and Physical Science 3.8 (1852), 363-71.

[43] The editors reply that while Dr. Campbell's suggestion for an elected Board would almost certainly be popular, the "most scientifc and experienced" would almost certainly not be elected. It would have the unfortunate consequence of making the profession "an arena for popular strife or party distinctions" (366). They prefer a kind of rotating Council, based on seniority. As for Campbell's concern about centralization of facilities in Toronto, the editors point out that with the construction of railroads "local practitioners" will soon be "within a very few hours' run of Toronto" (367).

[44] Colonel T. Campbell, M.D., Medical Legislation in Ontario, Annaul Address at the Meeting of the Canadian Institute of Homeopathy, Hamilton, June 14, 1892 (Toronto: C. Blackett Robinson, 1892).

[45] The "Ontario Medical Act" of 1869 proved unsatisfactory in that it had not provision whereby students could be licensed for studying at a homeopathic college outside the province. There was no homeophathic college within the province. Although Dr. Campbell, offended at not being allowed to assume the presidency of the Council in 1873, called for the creation of a separate Homeopathic Council and College. However, the "Act" of 1869 was amended the next year, eliminating the "eclectics" entirely but "allowing Homeopathic students to put in their full time at colleges outside the Dominion" (11). In 1875 Dr. Campbell was returned as one of thee five homeopathic representatives on the Medical Council.

[46] Duncan Campbell, Inquest on Mary Boyd, Held at Provincial Lunatic Asylum, Toronto, 5th and 6th May, 1868. Evidence and Correspondence in Full. With Comments of the Toronto Press (Toronto, 1868).

[47] See Dr. Campbell's obituary in Canada Lancet 11.7 (1879): 217. Born in 1811 in Argyleshire, Scotland, he came to Canada in 1834. He held one M.D. from the University of Edinburgh and another from the Western Homeopathic College of Ohio, and was president of the Homeopathic Medical Board of Ontario from 1859 till it was disolved in 1869. The writer of the obituary expresses some ambivalence about Dr. Campbell's character, praising him for his "great intellectual power," but remarking his "imperious and arbitrary ... manner" (217).

[48] See Archives of Ontario, Ministry of Health Records, Queen Street Mental Health Centre, Admission Orders and Case Histories, RG 10-20-B-1, #3419/68. The form is signed by Drs. Campell, Hall, and J. Adams. J. Adams is listed with Duncan Campbell as a Homeopathic Representative at the first meeting of the Ontario Medical Council in 1860 (See Colonel T. Campbell, M.D., Medical Legislation in Ontario, 9). Under "supposed cause" is written "excitement -- caused by revivalist preaching and possibly suppressed catamenia." Under "propensities and hallucinations" is written "has attempted suicide by drowning, dreads being burnt up, has also morbid love affections." The form also indicates that Mary has "threatened others" and "threatened to kill another person." Campbell expresses the hope that "by ... treatment she will be ... cured." There is nothing else in Mary's file besides a letter from the Medical Superintendent, dated October 4, 1960, indicating to another researcher that "our records do not contribute anything at all."

[49] William Edward Bowman, editor of the Canada Lancet (Montreal), describes a similar procedure in "Amenorrhoea," Canada Lancet 1.4 (June, 1863), 25-27: "Electricity: This agent is not applicable in high states of congestion, but in ordinary; cases it seldom fails of doing good .... placing one conductor on the sacrum and the other over the pubes, shocks of medium intensity should be passed through the womb for ten or fifteen minutes daily during the catamenial period" (25). Bowman state that amenorrhoea often, but not always, indicated pregnancy: "I can bear testimony ... that sexual intercourse, independently of pregnancy, not unfrequently arrest menstruation for two or three months, when its unexpected reappearance gives much joy to the singe, and disappointment to those recently married" (27).

[50] Dr. Campbell also writes that he heard Mary ask "`why did you do this'" (viii), which he would like us to think refers to his removal of the suture.

[51] This is obviously a knick-name. "Posie" probably was Lorne Colin Campbell. Biographical information in the "Reive Collection" in the Archives of Ontario indicates that Lorne was born in 1851. This makes him 17 in 1868, the same age as Mary's "Posie." An article in the Daily Globe of June 5, 1868, states "Equally absurd is that supposition that she had formed improper relations toward a son of 17, two years younger than herself." A January 10, 1885 article in the Port Arthur Weekly herald and Lake superior Mining Journal inidcate that Lorne Campbell, M.D., "late of Silver Islet" was buried on Tuesday, with full Masonic honours. An article of January 3 reprots the complaint of a "poor woman" that "she ought to be able to secure some of the attention of this hereling [sic] of the corporation between his acrobatic feats in the municipal elections now going on." Lorne had just been elected School Trustee in Ward 3.

[52] See Thomas Edward Brown, Living with God's Afflicted: A History of the Provincial Lunatic Asylum at Toronto, 1830-1911 (Kingston: Ph.D. Thessis, Queen's University, 1981).

[53] Joan Burbick in Healing the Republic: The Language of Health and the Culture of Nationalism in Nineteenth Century America (Cambridge: Cambridge UP, 1994) discusses how in the middle of the nineteenth century medical superintendents used arguments about "the industrial nature of work, the enlarging urban landscape, and the restless pace of life in an increasingly commercial society" (144) as the locus of an essentially conservative and middle-class critique of American democracy. Such a critique might have been out of place in the context of Canadian society, which rather complacently defined itself by contrast with the United States. Workman himself was familiar with this mythical "kinder, gentler society" and enjoyed indicating the hypocrisy of the classes that extolled it but sent their relatives to U.S. institutions. Daniel Clark, however, was a younger man and a North American who had tended the troops in the American Civil War. Thomas Edward Brown, in Caring for God's Afflicted, writes that "it is difficult to escape the conclusion, given his lack of experience in handling the insane, that his appointment was little more than a political reward" (236). Nonetheless he seems to have shared the intellectual preoccupations of his American contemporaries. S.E.D. Shortt in Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry (Cambridge: Cambridge UP, 1986) discusses the similar preoccupations of a fellow Canadian asylum doctor. In particular he connects the preoccupation with heredity and worry, as Burdick does similar concerns, to middle-class self-interest: "a middle class presumably free from hereditary taint" (123). See also Ian R. Dowbiggin's Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France (Berkkeley: U of California P, 1991). Dowbiggin concludes that "Hereditarianism was primarily a defensive ideology that enabled alienists to mitigate the professional embarassment and sociopolitical difficulties stemming from the impasse in which asylum psychiatry found itself at midcentury" (160).

[54] There is evidence of tension between Workman and his successor, Daniel Clark. See entry for Tuesday, November 11, 1884, The Joseph Workman Diaries, Vol. 1 (University of Toronto Archives, B80-0015): "Having learned from unquestionable authority that Dr. D Clark Med. S. of the Toronto Asylum for Insane, stated to Dr. Tuke of England when that gentleman visited the Asylum in August last that I `left the Asylum in a disgraceful state' and that my `election as an honourary member of the English Medico Psychological Association was a great mistake for I merited no such honour'." Workman was incensed and had ecomiastic testimonials by J.W. Langmuir, former Inspector of the Asylums of Ontario and E.A. Merideth, former Chairman of the Board of Inspectors of Asylums for Canada East and West and late Assistant Secretary of State for the Dominion of Canada, printed and distributed to scores of colleagues in Canada and the United States.

[55] Clark mocks the General in a piece read at the forty-third annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, June 18-20, 1880: "It is worthy of note here that some great military man in one of the provinces had made a discovery in finding a unique cure for insnaity. It consisted in putting the afflicted under blue glass. As might be expected a learned discussion at once arose as to the varied effects on the human body of chemical, thermal and actinic solar rays and especially upon nerve tissue. Speculation ran rife over this strange doctrine of therapeutics and it is worthy of note that few of the learned psychologists of that age raised a doubt as to its efficacy. By a sort of law of selection those afflicted with the `blues' were put into and cured in blue rooms. Those having mania were struck dumb and mentally paralyzed at the surrounding blueness. Blue glass did wonders, while the blue sky of nature had in a sense `to pale its ineffectual fires.' This sombre colour acted as a sedative, a soporific, a tonic and possibly a cathartic. Psuedo-philosophers wrote learned treatises on the wonderful effect of this occult color."

[56] In 1887 Clark reports that the connections between the wings and the main building have become rotten and need to be rebuilt and "extended upwards" to facilitate passage from the wards on all levels. He suggests that these passageways should have openings facing into the quadrangle for patients to use for airing without being heard or seen by the public on Queen and King Streets. Finally, after nearly half a century of using the "miserably small room" in the upper story of the main building as an auditorium, the patients build, with the help of two masons and a carpenter and some material left over from the old wall and the slaughter-house, a two-story amusement hall. The upper story is used as a hall, the lower as a work-shop (1893, 5).

Clark is emphatic about patients not being seen or heard "singing or speech-making," especially on Sundays; it seems to have been a problem on weekdays too. The remodelling of the old verandas has a similar public motive; Clark is embarrassed that "from the outside they look like cages for animals" (1887, 43). The iron rods should be removed and replaced with "fancy screening" which would enable them to continue to function as rather euphemistically designated "airing resorts" (43). Clark does not even bother to dissemble his concern for appearances, and a middle-class "respectability" closely related to the middle-class worry that concerned him so much. Unlike his predecessor for most of his tenure, Clark has to be concerned about the neighbours. Also unlike his predecessor, he does not appear to feel any embarassment at accommodating them in a public Report.

Nothing better underscores the character of the Asylum during Clarke's tenure than the absence of a even a proper front door. In one of his earliest reports he notes the existence of a higher-paying clientele, which would pay 6-10 dollars per week, "if better furnished rooms, more comforts, and isolated lodgings were furnished to their friends" (1876, 207). His desire to cultivate this class is no doubt one reason for his concern about "the gloomy entrance of such a substantial and fine pile of buildings" (205). The original design has yet to be realized: "the main entrance door [was intended] to enter on the first floor, from a landing approached by two substantial flights of stone steps .... protected by a roof supported by costly and elaborate pillars of stone" (205). Clark pleads that if only the landing were erected, it would have a benign effect on newly admitted patients, "whose ideas of a mad house are usually of the most gloomy kind" (206). At present patients have to "descend several steps into a cellar passage" in order to enter the main building. Still waiting for a "decent front entrance" (239) in 1877, he complains that visitors "from all parts of the world" are disappointed, and patients frightened by the "dismal reception room" off a "gloomy passage" that is their "first experience of asylum life" (239). A proper entrance is installed only after some 38 years of using a basement door in a side of the main building "as bare of anything ornate as is the side of an Egyptian pyramid" (1888, 4).

[57] As with Workman, I am principally interested in Clark's annual reports (his from 1876-1905). Unlike Workman, Clark wrote and published a text-book on mental disorders, Mental Diseases: A Synopsis of Twelve Lectures Delivered at the Hospital for the Insane, Toronto, to the Graduating Medical Classes

(Toronto: W. Briggs, 1895).

58. Daniel Clark, Mental Diseases: A Synopsis of Twelve Lectures Delivered at the Hospital for the Insane, Toronto, to the Graduating Medical Classes (Toronto: W. Briggs, 1895).

59. In this regard a kind of "party-piece" or (more likely) after-dinner talk, "Wrinkles in Ancient Asylum Reports," is interesting for satirizing the recent past of asylum doctoring as ancient Egyptian history. Clark facetiously suggests that "the Pyramids were intended as hospitals for the insane." These "Ancient Egyptians" wrapped their dead Pharohs in annual reports. The piece was read "at the forty-third annual meeting of the Association of Medical Superintendents of American Institutions for the the Insane, held at Newport, R.I., June 18-20, 1880." Clark targets such topical issues as restraint, patrongage, the "cooking" of statistics to produce artificially low cure rates, the sensationalism of the press, and even the surgical mutilation of women as practised by colleagues like R.M. Bucke at the London Asylum: "It was also to be expected in that age of divisional medicine that the useful uterus and its appendages should be chargeable with being a prolific cause of insanity .... Were these detached laboratories even slightly diseased then was the excision declared to be a triumph of medical foresight and skill: were they healthy then was it a good riddance to cut out these supernumaries. In that barbarous age it was not thought barbarous to unsex the many for the problematic benefit of the few" (9).

60. See Shirley G. Morriss, ed., The Journal of John George Howard (Toronto: Ontario Heritage Foundation; Ministry of Citizenship and Culture, 198-?), 22. In the context of the Asylum's sheer monumentality, it might be useful to note that it really was built to military specifications. Howard, the principal architect, travelled to Montreal on April 18, 1845 to confirm to one Colonel C.B. Holloway that the Asylum could indeed be defended as a fort.

61. Consider Clark's satire of "sentiment" in a piece, "Wrinkles in Ancient Asylum Reports," read before the Association of Medical Superintendents of American Institutions for the Insane, June 18-20, 1880: "What is restraint? Is a mit, or a sewed sleeve, or an attendant's grip, or seclusion in a room, or a sedative, restraint? If so, then is not a locked bedroom, a secured ward, or a high wall also restraint? Is not a lunatic restrained in a sense when he is curbed from having his own sweet will to the same extent as have the sane? .... The hair-splitting tendency oiver petty and unimportant details seems to be inherent in the human race, and teh silliness of calling a weakly sentiment a principle has had much vitality" (10).

62. See "The Case of Louis Riel," American Jouranl of Insanity 42.2 (October, 1885): 265-66. This unsigned item under "Notes and Comments" might have been written by Dr. Daniel Clark, since it contains information similar and language similar to that in Clark's notes, reproduced in C.K. Clarke's "A Critical Study of the Case of Louis Riel," Queen's Quarterly 12 (April, 1905): 379-88; 13 (July, 1905): 14-26. In the Journal of Insanity article it is noted that Riel was twice confined in Asylums (in Longue Pointe, Montreal and in Beauport, Quebec), and both times afflicted with Megalomania (Dr. Roy's original diagnosis). The article notes the Riel considered himself a prophet, at the centre of a great movement, with the ability to foretell the future. In his trial notes quoted in Dr. C.K. Clarke's article, Daniel Clark observes that "His fidgety way, his swagger, his egotistic attitudes, his evident delight at such a trying hour in being so conspciuous a personage, impressed me very strongly as being so like the insane with delusions of greatness, whether paretics or not" (16). Clark is afraid, however, that his diagnosis is based on appearances "which cannot be desribed in writing, [although they] are matters of every-day observation by asylum medical officers" (16). In other words, as he admits, his diagnosis is based on professional "intuitions" which "would be laughed out of court by the legal profession" (16). Later in the same notes he records "[Riel] also told me that he wrote a book .... In it he clearly proved that he was a great prophert, and as a prophet he knew beforehand that a verdict would be given in his favour" (17). The "judicial murder" of Riel was regarded by psychiatrists as a setback for the psychiatric profession in Canada, and subsequently invoked in defence of the insanity defence in particular and of professional opinion in general. Psychiatrists or rather alienists who defended criminals on grounds of insanity were virtually pilloried by the community. In "Some of the Aetiological Factors in Insanity, Also a Few Remarks on Expert Evidence," The Canada Lancet 44 (January, 1911): 356-66, C.K. Clarke describes how a party of like-minded alienists including himself and Drs. Workman, Daniel Clark, R.M. Bucke, and Lett, were once openly insulted on their way to court; in the press they were pilloried as hirelings, and in the pulpit reviled in ways that, as Clarke says, applying a favourite trope, "would have done credit to the days of witch burning" (365). In a paper delivered by to the Medical Section of the Canadian Institute on November 19, 1869, in one of the newly completed wings of the Toronto Asylum, a synopsis of which is published in the Canada Medical Journal 6 (1869-70): 289-95, Workman asks his colleagues to remember when they serve as medical witnesses that "it is the sacred obligation of the medical man to absolve himself from all medical allegiance" (289). In a rather strange series of analogies he facetiously warns doctors not to scorn lawyers. If lawyers do "very dirty work" in court, doctors do as dirty work in the mortuary: "Though you may not have robbed your honest neighbour of his fair fame, yet you have robbed the grave of its sacred deposits; and though the moral stenchy of the swearing-shop may be very offensive to your now refined olfactories, do not forget how inoffensive to you custom rendered the odours of the dissecting-room" (290). The emphasis in the rest of the article is on telling the truth, even when it leads, as it does in a cases Workman describes, to the incarceration of a close friend's son. In "Case of Erastus Hotchkiss," American Journal of Insanity 32.3 (January, 1876): 405-19, Workman reports being requested by Judge Groqune of Brockville to examine Erastus Hotchkiss, convicted for murder of his mother; Workman believes Hotchkiss was mad before, during, and after the murder and should not have been found quilty of a crime for which he was obviously not responsible. The jurors' accompanying their verdict of guilt with a recommendation to mercy probably indicates that they had doubted Hotchkiss's sanity in opposition to the Judge. William Reid, Hotchkiss's brother-in-law, seems to have provided him with inadequate legal defence and to have wavered in his testimony as to his Hotckiss's insanity; Workman reports rumours that Reid expected to inherit Hotckiss's farm after his execution -- just one of the factors that could interfere with the insanity defence. Workman indicates that Hotchkiss's mother's sister, and his father's brother, were both insane, and believes that this "family history showed the disease to be of hereditary derivation" (416). In "Crime and Insanity," Transaction of the Canada Medical Association (Montreal: Lovell Printed and Publishing Company, 1877), 1-23, Workman uses the case of K.S. (discussed in chapter 3) to illustrate the connection between crime and insanity and to argue for the use of heredity in determining "the actual mental condition of some moral delinquents" (12); the judge's usual charge to jurors that "they are not to enter into the history of the prisoner's antecedetns or of his collateral blood relatives, but must form their judgment as to his general mental condition upon the evidence bearing upon this question at the time of the offence," ignores "the most ample proofs of insanity running through the stock for several generations" (13). Workman compares such judges to Chief Justice Hale of the Salem Witch Murders. That moral insanity is combined with hereditary insanity to absolve the subject of guilt, illustrates how Prichard's concept could be co-opted by the very forces of materialism and skepticism in reaction to which he developed it. In ways that possibly anticipate some of Clarke's bias against Riel, Workman's criticism of the "amateurishness" of the commissioners in "Remarks on the Report of the Italian Commissioners in Lunancy on the Mental Condition of Passanante," in St. Louis Medical and Surgical Journal 36.5 (1879): 364-67, is partly based on his assumption that the elevated thoughts they describe in Passanante ("Productive activy of ideas normal, or if anything, uncommon .... Rapidity of perception and judgment notable .... ideas and the expression of them superior to his condition -- often elevated" (366)) indicate madness in him, because he is only a cook. Workman is especially indignant that the commissioners made nothing of the fact that all of Passanante's siblings, evidently, were mad. Whether or not he anticipates Clarke's conservatism, Workman certainly appears to anticipate his seige mentality, as he complains that the commissioners' report will probably be believed, if only because it has been published in the London Lancet, despite the fact that "we could, both from our asylum experience, and our observance of incubative insanity outside, adduce numerous parallel illustrations of the true mental

condition of Passanante" (367). Workman flatters his audience that "to the intelligent medical reader, who in his professional round must have had but too many opportunities of noting similar mental lesions and obliquities, no such demonstration can be called for" (367).

63. Arthur Casper, Admission Order #5525. October 20, 1882.

64. Archives of Ontario, Ministry of Health Records, Queen Street Mental Health Centre, Admission Orders and Case Histories, RG 10, Series 10-B-1, Harry Blanchard Stewart Palmer, Admission Order #5477. July 29, 1882.

65. Harry Blanchard Stewart Palmer, Admission Order #5793.

66. William Murray Harman, Admission Order #5285. June 16, 1880.

67. Herbert Metcalfe, Admission Order #5525. November 21, 1882.

68. Herbert Metcalfe, Admission Order #5546. 1882.

69. Archives of Ontario, Ministry of Health Records, Queen Street Mental Health Centre, Case Files, RG 10-20-B-2. This file (less than 100 years old) was accessed under the Freedom of Information Act. Names and institutional identifiers of such patients (file or case numbers) are not reproduced. I have supplied the patient with a pseudonym, in order to avoid referring to her as a "case."

70. All of the patient files cited in this chapter are from the Archives of Ontario, Queen Street Mental Health Centre Records, Admission Orders and Case Histories, RG 10, Series 20-B-1.

71. Archives of Ontario, Inspector of Asylums Correspondence, 1870-1897, RG 63-A1, Volume 250, File #6912.

72. Thomas Merton, Admission Order #4868. June 26, 1877.

73. Alice Bedson, Admission Order #5637. June 11, 1883.

74. Archives of Ontario, Criminal Indictment Case Files, RG 22-392-0-8237, Container 240, 1887, "The Queen vs. Owen McIlroy." Dr. Clark's "Information," and various Police Court statements by Alice Bedson, Detective Reburn, and others, are from this dossier.

75. Archives of Ontario, Benchbooks of Justice Cameron, RG 22-441-1-12, Container 2, April 1886 to May 1887.

76. Clark reports in 1900 the grizzly "suicide" of George Jackson on December 23, 1899. Jackson escaped from a "walking party" and ran under a freight car on the Grand Trunk Railway. According to Clark, Jackson dragged the attendant with him and was run over. It seems likely that the patient was trying to elope (1900, 5).

77. The loss of the Asylum Farm is a narrative in itself. In 1885 Clark reports that the Asylum farm-land has shrunk from 105 acres five years ago to 79, thanks to incursions from the Central Prison brick yards, the Mercer Reformatory, and the railroads. In 1886 Clark reports that the farm is virtually gone, the Asylum having lost another 60 acres.

78. Meanwhile, as if to foreshadow further devolution at the Queen Street facility, cottages are being built at Mimico, and are expected to be ready by the spring of 1890. By 1889 ten patients are residing permanently at what is soon to be the Mimico Branch. The Asylum takes possession of the land in the spring of 1888, finds it "in bad order," but with hard labour the patients manage to produce "a quantity of hay, oats and potatoes" (1889, 4). In the Report for 1888 Clark complains about the inconvenience of transporting patients 5 miles to Mimico and back.

79. Cyril Greenland, Charles Kirk Clarke: A Pioneer of Canadian Psychiatry (Toronto: The Clarke Institute of Psychiatry, 1966).

80. Cyril Greenland, "Origins of the Toronto Psychiatric Hospital," TPH: History and Memories of the Toronto Psychiatric Hospital, 1925-1966, ed. Edward Shorter (Toronto: Wall & Emerson, 1996), 19-58.

81. The Archives of Ontario contains ample evidence of political interference and collaboration if not collusion on the part of doctors and politicians alike. After the defeat of the provincial liberals in that year's election, Dr. Daniel Clark of the Toronto Asylum, himself a long-time "Grit," wrote the new Provincial Secretary, W. J. Hanna, on April 24, 1905 to offer him his resignation:

> I am now in the thirtieth year of my superintendency of this asylum. I am also in the seventy fifth year of my age and although my capacity for work remains normal yet it is my wish to retire fromt he cares and responsibilities which my present position entails.

Clark lists several pages of "improvements, executive and structural." He believes that the best gauge of his achievements is the "the faith the public has ... in our work," and the best gauge of that is the "revenue from the payments of relatives." By this gauge, an increase from $12,000 in 1874 to $41,000 in 1904, represents an improvement of "public trust" by several hundred percent. It seems unlikely that such moral arithmentic would have conveyed anything to the Hon. Provincial Secretary, beyond perhaps the vague impression of more money to spend. Whether it would have encouraged him to "favourably consider," as Clark went on to request, a "retiring allowance" along the lines of what Workman got, "after twenty two years service ... $5000," as Clark reminds him, seems equally unlikely. Attached is a copy from the Hon. W.J. Hanna's secretary, rather cooly acknowledging the receipt of the Superintendent's letter, and accepting his resignation. There is no mention of the "allowance." See the Archives of Ontario, Provincial Secretary's correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter of Dr. Daniel Clark of April 24, 1905, Container 7, Daniel Clark Folder.

In a letter to the Honourable W.J. Hanna dated June 23, 1905, Mr. James S. Fullerton [?] wrote the Hon. W.J. Hanna to ask that one Dr. Williams be appointed Medical Superintendent of the Toronto Asylum. Williams's principal recommendation is having been a loyal Conservative or, as Fullerton more circumstantially puts it, "for the last twenty-five years at least ... the recognized standard bearer of Conservative principles in South Oxford, speaking from many plat-forms [sic] at every election." Fullterton concludes that "there is no man in Canada who has given more constant, more unselfish or better work to the Conservative Party, in his way, than Dr. Williams."

Willimas has run several times for South Oxford and been defeated, first by Adam Crooks, and second by Dr. McKay. The writer argues that since the Conservative incumbent owed his late victory partly to Dr. Williams's earlier work on behalf of the party, since Dr. McKay had been promised the superintendency of the Toronto Asylum had he won, and since the Toronto Asylum was a provincial institution, "it seems very fitting that [Dr. Williams] be awarded the prize." See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter from James S. Fullerton of June 23, 1905, Container 30, Toronto Asylum Folder.

Dr. Williams does not have any special training for the position, and the writer does not seem to think that he should. For both sides the appointment is a blatant, shamelessly political trophy. Moreover the felicity of awarding it to Dr. Williams lies not just in giving it to a Conservative doctor, who might conceivably have been a competent alienist, but in giving it to a Conservative doctor who is also the personal enemy of the Liberal doctor for whom it was intended. A fat folder in the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Container 106, labelled "J.J. Williams Folder," indicates how vigorously Williams Williams campaigned for the superintendency of an Ontario psychiatric hospital -- any Ontario psychiatric hospital.

Williams himself wrote on March 31, 1905 to apply for the "position of Medical superintendent of the Woodstock Asylum." He immediately emphasizes not his medical qualifications but his political connections and, moreover, his "strong claims on the Government worthy of recognition." He has campainged in numerous elections, "both on and off the Platform," and has even been thanked by the premier, Mr. Whitney, "personally by letter," for helping to elect one Mahaffy in a recent bye-election. Only after relating these political qualifications, does Williams mention his being "a Graduate of Twelve years standing of both Toronto and Victoria, and having been steadily in practice ever since." The letter seems to have been accompanied by a brief note from A.B. Thompson, M.P.P., recommending him for the position. Williams forwards more recommendations, on April 29 and May 6.

It seems to have been the same at every other Asylum. Take but two more (related) examples, Dr. Spohn's "retirment" from the Penetang Asylum, and Dr. McCallum's transfer to the same institution. On November 30,1907, Dr. Sphon, Medical Superintendent of the Asylum for the Insnae, Penetanguishene, wrote to the Hon. W. J. Hanna, Provincial Secretary. In the first two (undated) pages, he explains that the second part is a "brief statement of the work done at this Asylum since I have been in charge." He also reminds the Provincial Secretary of the details of an earlier discussion at which one A.P. Campbell (Dr. Spohn's lawyer?) was present. According to Dr. Spohn these details included the Provincial Secretary's verbal agreement to give him $3500 upon retirment from the Asylum, plus $1750 for his thirty-two years as surgeon at the reformatory. The total comes to about $5000, which, Dr. Sphor points outs, was what Inspector Christie got when he retired.

The accompanying 10-page letter "justifies" this gratuity. Moreover, with its often rather craven and pleading tone, its slightly paranoid asides at political foes imaginary or real, it indicates the political climate in which it was written. It also indicates the ethical environment, since not once in its ten pages are patients mentioned, though it is clear that they did the physical labour, the building and farming which together comprise the sole basis and justification for Dr. Sphor's claim to such a fat "gratuity."

After five pages detailing such work, Dr. Spohn states his thesis, which is that he is not retiring but being unjustly removed, "because certain parties have been howling for my head since the change of Government." This unnamed enemy has schemed against and misrepresented Dr. Spohn to the Provincial Secretary. According to Dr. Spohn, his enemy, who will "stop at nothing," has boasted that he would seize the opportunity created by change of government and his own "great influence" in the same, and "see that my head was cut off." With an unnamed "Lieutenat," this foe has enlisted the townspeople to misrepresent the good doctor to the government, and intrigued to get their followers on the staff. The latter fabricate problems within the Asylum, which in turn become the basis of further misrepresentation.

Dr. Spohn concludes that he is the victim of a political conspiracy, all the more unjustly considering that, as he says, "I have taken no interest in politics in any shape of [sic] form since my appointment." He is especially incensed that he has been accused of spending too much time away from the Asylum operating a dredging business, while Dr. Ryan of Kingston is allowed to maintain a private practice, because he is "fortunately a Conservative." Dr. Sphon concludes that "different treatment is meted out to me, because forsooth -- I do not happen to be a Conservative."

The tone of the Hon. W.J. Hanna's reply of December 5, 1907 is best characterized as frigid. The details, Hanna asserts, were not "in so far as the amount is concerned, as you put it." Speaking, as he writes, "from memory," he insists that the amount he he had mentioned as "gratuity" was not $3500 but $2400 or 2600, based on the salary acutally paid. He also insists that he had stated at their meeting that anything beyond that amount, a year's cash salary, "would be a matter of argument." The matter would have to be rsolved by the Cabinet Counicl, when the contents of Dr. Spohn's letter would be given "proper consideration." The Provincial Secretary concludes rather wanly that "I did not give any assurance as to what the Council would do with regard to such excess amount."

There is every indication that Dr. Spohn was being eased or bought out by the governing party, and that he might have been misled as to the amount of the purchase.

On May 19, 1909, one Mrs. Webster wrote one Mr. Dargavel, MPP for Elgin, begging him to get rid of her boss, Dr. McCallum, Medical Superintendent of the London Asylum, "the blackest Grit that ever trod the earth." She claims that he is driving the staff mad, especially herself it sees: "Yesterday and to-day [sic] we are all almost insane ourselves .... we will all have to resign if something is not done." The mass resignation of the Conservative staff of an insane asylum, because they have been driven mad by the Liberal officers, poses an interesting medical problem.

Mrs. Webster seems to have joined the staff in some sort of clerical capacity; she complains that Dr. McCallum "will not allow me to control the mails" -- adding, incidentally, that "he could not treat a squaw worse than he treats the Assistant Matron and myself." The Liberal McCallum has made this good conservative woman's life a "hell on earth." Those good Tories, "the Hon. Mr. Hanna or Hon. Mr. Whitney had not the faintest idea what a brute they have here feeding at their board." If they did, she heavily implies, they would fire him immediately.

She adds a litany of reasons. That "he is hated like poison here," seems obvious enough already. That "the Conservatives cannot get at him here in the Constituency," basically because "he has nothing to do with any person around the twon or country," seems only sensible on his part. But most of these "reasons" seem to amount to little more than the fact that she and her Conservative friends hate the good doctor, and that he is "an old miserable, mean Grit [who] would not let one of us live if he could help it," which seem like the one and the same reason. She concludes her argument with an irrefutable reason, that Dr. McCallum, apparently already filthy rich with ill-gotten Liberal booty, should not continue to "get his living out of Conservatives, when he never cast a

vote for them in his life." Plunder is permitted provided it does not cross party lines.

While Mr. Dargavel, M.P.P. for Elgin, forwards Mrs. Webster's letter on May 21, 1909, with a note that he has "considerable confidence in Mrs. Webster," the widow of a law partner of the Hon. John Wood, doubtless another loyal Tory, the Hon. Provincial Secretary is not so sure. He replies to Mr. Dargavel on may 28, 1909, that he has already received some of Mrs. Webster's letters through George Taylor, M.P. Whether or not on account of the "blackest Grit that ever trod the earth," the Hon. Mr. Hanna expresses his opinion that Mrs. Webster is indeed "breaking down mentally."

Yet it is evident that the Provincial Secretary had been trying to get rid of McCallum for some time. In a letter to Dr. of November 14, 1907 to Dr. William Osler, Regius Professor of Medicine at Oxford, Hanna himself criticizes Dr. McCallum for some of the same things as Mrs. Webster:

> The fact is the Doctor has made the mistake of being General, and Lieutenant, and Private, and everything else in sight, instead of putting himself in a position where he could look to the heads of the different Departments under him for results.

Hanna's letter to Osler also seems to confirm Mrs. Webster's depiction of McCallum's isolation and general unpopularity:

> The Doctors of London and vicinity, irrespective of politics, were quite outspoken in their opinion that it would be unfair to the Department and the Province to continue Dr. McCallum there.

While he agrees with Dr. Osler, that McCallum is a good man as well as a good doctor, he intends to transfer him to the Asylum at Penetang.

An article in the London Free Press of November 11, 1907, notes that Dr. Robinson would become Medical Superintendent in London, with Dr. Harris as his likely assistant, replacing the late Dr. Buchan. The article also reports an anonymous statement, that Dr. McCallum would not accept the transfer to Penetang, a "minor post." An earlier letter from Hanna to McCallum dated October 9 indicates that McCallum had thought (without foundation, Hanna claims) that his transfer was to Brockville. A "secret" note from McCallum's wife, dated October 12, begs Hanna to delay the transfer till Spring: "Perhaps I am foolish about it but going to that North Country in the winter-time fills me with unutterable dread." The note is black-bordered, like the announcement of a death or a funeral, as if Mrs. McCallum saw the transfer that way, and wanted the Provincial Secretary to know that she did. See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter (undated or November 30, 1907) from Dr. Spohn, Container 30, Envelope 23.1; the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter from Mr. J.R.R. Dargavel, M.P.P. of May 21, 1909, Typed Transcript of Letter from Mrs. Sara Webster of May 19, 1909, Letter from Hon. W.J. Hanna to J.R.R. Dargavel of May 28, 1909, Container 30, Envelope 23.6; Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter of November 14, 1907 to Dr. William Osler, Container 23, Folder 23.32.

Given these rather sordid goings-on, Clark's reply to Dr. Lusk, the Secretary of the Ontario Medical Association, asking him to "write a paper dealing with the question `Of forward work in the Asylums,' and the present method of appointments, etc.," seems pragmatic in the extreme. Perhaps because he is already enjoying the benefits of a good appointment himself, he expresses himself "content to wait until the Government has shown itself opposed to adopting the ideals of the Medical profession." Moreover, he argues that "If we are given a Psychiatric clinic in Toronto ... the question of political heads for Hospitals for the Insane, will die a natural death." This must have been wishful thinking, or false. Perhaps it would not be too cynical to suspect that Clarke was willing to overlook such matters in the Asylums for the sake of his clinic, and generally to connive at "political interference" so long as it went his way. His deviousness is in implying that if people would only tolerate intolerable conditions at the Asylums for the sake of his clinic, they would eventually have not only that but improved asylums as well. This seems consistent with my own thesis, developed below, that in his numerous arguments Clarke merely exploited the Asylum and its patients or inmates, very much as his predecessors had done. See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.J. Hanna Files (1905-1916), Container 47, C.K. Clarke Folder.

82. See "Fatal Assault on Dr. Metcalf," American Journal of Insanity 42.1 (October, 1885): 259-66. The attack is reported as one in a series of such incidents, ie., "Not many months have elapsed since we had occasion to chronicle desperate assaults made by homicidal madmen on two English Superintendents, and these had followed, at short intervals, on similar acts of violence at home and on the continent of Europe" (259). Metcalf's assailant, the 55 to 60 year-old chronic patient named Patrick Maloney, appears to have suffered from paranoia, but enjoyed considerable liberty under the "open door" system: "He usually ate his breakfast about 7.30 o'clock, and going out, paced about, slept or played euchre" (263). When arrested he observes "that he thought he had at last given the doctor his blood money" (263). The tendency of the article is to suggest that insane criminals like Maloney, who had initially been accused of arson, pose special problems in terms of classification and accommodation. The remark of Dr. Sullivan, one of Maloney's original jurors, acquires a double irony: "he considered the man perfectly sane, and that there were hundreds of men walking the streets no worse than Maloney was" (264). Perhaps another irony is the article's appearance before a report of "The Case of Louis Riel," which would pose similar problems of classification.

83. Cyril Greenland, "Origins of the Toronto Psychiatric Hospital," TPH: History and Memories of the Toronto Psychiatric Hospital, 1925-1966, ed. Edward Shorter (Toronto: Wall & Emerson, 1996), 19-58.

84. C.K. Clarke, "Mental Hygiene in Canada," The Lancet 1 (June, 1923): 1139-41.

85. The mental hygiene movement began in the United States in 1909 when Clifford Whittingham Beers, author of The Mind that Found Itself, founded the Connecticut Society for Mental Hygiene and later the National Committee for Mental Hygiene Incorporated. According to John D. Griffin, General Director, 1952-71, the Canadian National Committee for Mental Hygiene was organized by Dr. C.M. Hincks after a meeting with Beers in 1917. The original mandate of the organization emphasized extending psychiatric examination to recruits, to immigrants, and to the mentally deficient. See Griffin's In Search of Sanity: A Chronicle of the Canadian Mental Health Association, 1918-1988 (London (Canada): Third Eye, 1989).

86. The institution in question officially opened at the Queen Street location (999 Queen Street West) on January 26, 1850 as "The Provinical Lunatic Asylum, Toronto." In 1871 it became "The Asylum for the Insane, Toronto." In 1907 "Asylum" was changed to "Hospital"; in 1919 it became known as "Ontario Hospital, Toronto." I have used the term "Asylum" throughout, as it is simpler and less euphemistic. The Queen Street Mental Health Centre is still in operation, though no longer an autonomous provincial entity.

87. Untitled, The Bulletin of the Toronto Hospital for the Insane 1.1 (1907).

88. C.K. Clarke, "Dementia Praecox," British Medical Journal 2 (1906): 755-57. The term was coined by Emil Kraepelin in 1899 and at least initially identified the same "concept" as Eugen Bleuler's term, "schizophrenia," of 1908. See Erik Stromgren's "Autism: Core of the Schizophrenic Reaction," and Manfred Bleuler's "The Concept of Schizophrenia in Europe During the Past One Hundred Years," and others in What is Schizophrenia? (New York: Springer-Verlag, 1991), for some discussion of the problematic status of "dementia praecox" or "schizophrenia."

[89] Clarke himself offers a convenient definition in "The Detection of Mental Defect in School Children," The Canadian Journal of Medicine and Surgery 21.6 (June, 1907): 343-48. "Now, what is dementia precox [sic] -- in other words, precocious dementia? If we limit its definition carefully, we find that it is a form of mental disease appearing generally at the first developmental crisis, rapidly running a course culminating in dementia, as characterized by apathy, indifference, negativism, irrelevance and inability to make continued mental effort" (344). See J.P. Harrison, M.D., "Dementia Praecox," The Bulletin of the Ontario Hospitals for the Insane 3.5 (April, 1910), 6-16. He was the Clinical Assistant at the Toronto Asylum in 1910, so his definitions must reflect the way the disease was perceived toward the end of Clarke's tenure at the Toronto Asylum. His definitions are (not surprisingly) very close to his Superintendent's. Dementia Praecox is a "disease ... of the period of puberty and adolescence. It is characterized by a dementia that tends to progress, but which is frequently interrupted by remissions. The majority of cases occur beteen the ages of twenty and forty, though cases have been reported even earlier than the fifteenth year and as late as the fiftieth" (6-7). General symtpoms include "lack of interest, carelessness, and indifference to dress and environment" (9). He also discusses the forms. "Hebephrenia" is characterized by "mental apathy and progressive dementia" (10), "catatonia" by "hysterical attacks, with epileptiform convulsions" (12), and "paranoia" by "delusions of persecution ... not well systematized, occurring in conjunction with marked intellectual impairment" (15). Like Clarke, he considers dementia praecox, or at least the disposition to it, an inherited disorder. He theorizes that the "disease" -- "retrograde process" (7) -- is "hastened, or perhaps immmediately initiated" by "debilitating influences in early life, such as excessive study, masturbation, etc." (7).

[90] This resembles a part of the process whereby, according to Thomas Szasz, psychiatrists "extend the boundaries of medicine over morals and law" (22) to make themselves what he calls "religious-political leaders and conquerors" (35). In the passage quoted by Clarke in the text of his report to the Provincial Secretary, Kraepelin uses metaphors of imperialism and conquest. Szasz argues that dementia praecox or schizophrenia is not a disease but a behaviour. See Thomas Szasz, Schizophrenia: The Sacred Symbol of Psychiatry (New York: Basic Books, 1976).

[91] C.K. Clarke, "The Detection of Mental Defect in School Children," The Canadian Journal of Medicine and Surgery 21 (June, 1907): 343-48).

[92] See Nikolas Rose, The Psychological Complex: Psychology, Politics, and Society in England, 1869-1939 (London: Routledge & Kegan Paul, 1985), for a discussion of how what he terms the "psychology of the individual," denies the agency and social being of the patient, in the name of "mental deficiency."

[93] C.K. Clarke, "The Early Diagnosis of Dementia Precox," Canadian Journal of Medicine and Surgery 37 (January, 1915): 6-14.

[94] C.K. Clarke, "A Critical Study of the Case of Louis Riel," Part 1, Queen's Quarterly 12 (April, 1905): 379-88; Part 2, Queen's Quarterly 13 (July, 1905): 15-26.

[95] Greenland is very much "C.K.'s" (as he calls him) apologist on this score, defending Clarke's policy on economic grounds. See Cyril Greenland, Charles Kirk Clarke: A Pioneer of Canadian Psychiatry (Toronto: Clarke Institute, 1966), 21-22.

[96] C.K. Clarke, "The Defective and Insane Immigrant," The Bulletin of the Ontario Hospitals for the Insane 2.1 (July, 1908), 3-22.

[97] C.K. Clarke, "The Defective and Insane Immigrant," The Bulletin of the Ontario Hospitals for the Insane 2.1 (July, 1908), 3-22.

[98] C.K. Clarke, "Some Aetiological Factors in Insanity, also a Few Remarks on Expert Evidence," Canada Lancet 44 (January, 1911): 356-66.

[99] C.K. Clarke, "The Defective and Insane Immigrant," The University of Toronto Monthly 8 (June, 1908): 273-78.

[100] Thomas Edward Brown, in "Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto (Queen's University, Kingston: Unpublished Ph.D dissertation, 1981) sees Clarke's departure from the asylum service as "symbolic of the direction the `new psychiatry' would take in the years following the First World War" (373). Given the divided loyalty apparent in Clarke's texts, Clarke's official departure seems inevitable and somewhat foregone -- symbolic in more ways than one, of more things than one.

[101] C.K. Clarke, "Canada and Defective Immigration," American Journal of Insanity 65 (1908): 186-88.

[102] C.K. Clarke, "The Defective Immigrant," Public Health Journal 7 (November, 1916): 462-5.

[103] Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Memorandum from C.K. Clarke to W.J. Hanna, Container 47, C.K. Clarke Folder.

[104] Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Willoughby Commission Report to the Hon. W.J. Hanna (1907), Container 47, C.K. Clarke Folder.

[105] The commissioners decide against asylums based on the cottage system, in favour of "centralizing some of our Asylums for chronic" (3). Although they insist on their greater comfort to the patients, a major consideration is "a large reduction in the cost of management to the State" (3).

[106] "Preface," Bulletin of the Ontario Hospitals for the Insane 2.4 (November 1909), 3-4.

[107] C.K. Clarke, M.D., "The Relationship of Psychiatry to General Medicine," Bulletin of the Ontario Hospitals for the Insane 2.4 (November, 1909), 5-15.

[108] See, for an example of this, C.K. Clarke's "The Korsakoff Psychosis," Bulletin of Ontario Hospitals for the Insane 41.1 (October, 1910): 17-38. Clarke's article concludes with several pages of such "confabulations," as recorded by a stenographer present at an interview conducted by himself and another doctor. It is no small part of Clarke's argument to depict such oral testimony as worthless except as an indication of neurological damage, though it provides, as he snidely remarks, "no end of good material for students of the Jung and Freud school."

[109] Dr. Harvey Clare, "The Relationship of the Hospital for Insane to the General Practitioner," Bulletin of the Ontario Hospitals for the Insane 8.4 (July, 1915), 161-69.

[110] J.M. Forster, M.D., "Reception Hospitals for Cases of Mental Disease," Bulletin of the Ontario Hospitals for the Insane 7.3 (April, 1914), 127-31.

[111] Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files 1916-1919, Letter from Dr. Harvey Clare to Inspector W.W. Dunlop of January 15, 1918, Container 100, Toronto Hospital for the Insane, Reception Hospital Folder.

[112] Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), "Memorandum [of December 6, 1918] for the Honourable W.D. McPherson, Provincial Secretary," Container 100, Toronto Hospital for the Insane, Reception Hospital Folder.

[113] Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Notes of Deputation re Toronto Reception Hospital Representing the Board of Control, Members of the Medical Profession, Local Council of Women, and Other Bodies Interested, Container 100, Toronto Hospital for the Insane, Reception Hospital.

[114] The Toronto Psychiatric Hospital opened to receive patients on November 30, 1925.

[115] C.K. Clarke, "Notes of a Clinical Case. The Case of Wm. B. -- Moral Imbecility," The Bulletin of the Ontario Hospitals for the Insane 7.4 (July, 1914): 207-31.

[116] C.K. Clarke, "The Defective Immigrant," Public Health Journal 7 (November, 1916): 462-65. See also "The Need of a Psychiatric Clinic," Bulletin of the Toronto Hospital for the Insane 8.3 (April, 1915): 103-8. Clarke calls this clinic, which appears to have succeeded the "Ward Clinic" in 1914, the "Feeble-Minded Clinic" and describes it as "a department thoroughly equipped and officered" for the study of "heredity, environment, and other social conditions playing important parts in the development both of imbecility and psychoses" (107). One of its workers was Clarence Hincks, the associate medical director and secretary of the Canadian National Committee for Mental Hygiene, of which Clarke became medical director in 1918. This appears to be the same facility referred to as the "Mental Deficiency Clinic" in an article by C.R. Myers, "Notes on the History of Psychology in Canada," The Canadian Psychologist 6 (January, 1965): 4-19. From 1914 till 1920 there was also a Reception Hospital, for the treatment of incipient insanity. It was replaced by the Toronto Psychiatric Hospital, which opened in December, 1925. To Jennifer Stephen in Mental Hygiene, Mental Defect and Mental Age: The `Feebleminded Woman' and the Work of the Toronto Psychiatric Clinic, 1900-1927 (Unpublished Master's Thesis, Graduate Department of Education, University of Toronto: Toronto, 1995), the fact that Clarke's clinic was run under the auspices of the Social Service Department indicates "the reluctance of the established medical profession to endorse the form and application of psychiatry practised by Clarke and Hincks" (8).

[117] C.K. Clarke, "The Story of the Toronto General Hospital Psychiatric Clinic," Canadian Journal of Mental Hygiene 1.1 (1919): 30-37.

[118] C.K. Clarke, "Juvenile Delinquency and Mental Defect," Canadian Journal of Mental Hygiene 2 (October, 1920): 228-32.

[119] Archives of Ontario, RG 8-5, Provincial Secretary's Correspondence, W.D. McPherson Files (1916-1919), Container 58, W.W. Dunlop Folder.

[120] The issue of shell-shock and the doctors' reaction to it is beyond the scope of this book, but it is clear that the their reaction to this disorder was influenced by their desire to establish psychiatry on a "somatic" and "scientific" footing, on a par with general medicine.

Clarke's successor in Kingston, Dr. Edward Ryan describes conditions at the Ontario Military Hospital in a personal letter to Provincial Secretary Hanna dated April 26, 1916. The other Medical Staff, in particular a Colonel Graham Chambers, have shown strong opposition to a separate "psychopathic section," the sole provision for which has been "a portion of one ward ... taken by means of a wooden partitition" (3). The "beautiful baths" which Armstrong sent had to be installed end to end because of the narrow room. Chambers has insisted that "a Department of Medicine should control this section" (3).

In his letter of May 11, 1916, addressed "to general," now Captain Edward Ryan, M.D., reports visiting the Springfield Military Hospital, and an interview there with Colonel Aldren Turner. The latter described how, because of the difficulty of separtating cases of psychosis from psycho-neurosis at the front, they had decided to treat all such cases as one group. Ryan's own opininion of such cases is a remarkable example of the persistence of a somatic and neurological approach to mental illness, and of the concept of "degeneracy":

> From what I have learned by observation and by discussion, both with the heads of hospitals and such men as Major Mott and Colonel Aldren Turner, it is clear that the myriad cases of psychosis, psycho-neurosis, functional paralysis, anastbesias, hyper-asethiss, hysterius, cases of mutism, of tremors and shock, are all sprung from the same cause, namely, a faulty heredity and an unstable mental basis; a neurotic temperament, accompanied often by depressing environments and lowering habits of life. As they are all due to the one cause, so are then [sic] amenable to the same treatment; they yield to the same action and re-act to the same influence. (5)

This confident assertion of the somatic nature of war-related mental illness is obviously related to the immediately following argument for a "Psycho-pathic Hospital" [sic] for the Canadian Expeditionary Forces, for the treamtment of "all cases of a pyschic or a psychoneuroatic character" (6). There are already beds and therapeautic equipment at Orpington, which could be added to by the Provincial Secretary, and the facility would be staffed by physicians and

nurses who had already acquired "experience, energy and judgment" (6) working in Ontario Hospitals. Other reasons for a "Psycho-pathic Hospital" echo C.K. Clarke's reasons for a clinic, such as the "early and energetic treatment" without which patients would be "helpless for life, unfitted for industrial pursuits ... a burden on their friends and on the community" (6). The somatic claim that Clarke used to argue for treatment of mental disorders at a clinic is now made by absurdly discounting the impact of the war, and for the very disorders whose resistance to somatic explanation would be used to promote the new Freudian approach -- psychoanalysis. Ryan concludes patriotically, still appealing to the Secretary's practical sense:

> The instincts of science and the interest of humanity alike demand that those who have so fallen shall receive from us our very best, that we may not only reward them for services faithfully rendered, and if we cannot restore them to what they once were we can do all that is possible to restore them to industrial life and to preserve their economic worth. (8)

Ryan prefaces the above with a note to S.A. Armstrong dated May 12, 1916, explaining that the accompanying document was his report, and quoting the reamark of Colonel Chambers, M.D., that "I might find some place near by for my work .... the mental cases are not wanted at Orpington." Premier Hearst denies Ryan's statement, in the letter of April 26 (which the Provincial Secretary showed him), that "I informed him that the section was int ended for the treatment of shock cases, mental and physical, and that it was intended to be a separate department" (1). He adds that "it was never intended that we should establish a complete Psycopathic [sic] Hospital."

However, in his "Memoradndum" of June 8, 1916, the Assistant Provincial Secretary insists that "I never understood ... that this Section was to be considered merely as a ward of the medical section," and generally takes exception to the Premier's comments. He seems especially offended by Colonel Chambers's sugestion that Ryan "might find some place nearby for his work," and demands "in view of all the circumstances, where?" (2). He concludes that "in this respect, at least, the Dominion Army Medical Service has failed to appreciate the importance of affording facilities for the prompt treatment of the mentally affected Canadian solder" (2).

Ryan seems to have got his way. In his letter to the Provincial Secretary of June 4, 1916, he reports ongoing friction with Colonel Chambers, who still insits that the mental wards "must be under him as part of medicine" (2). He contrasts his enemy with Achilles, who was "vulnerable in the heel .... Chambers is vulnerable in the head" (2). See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916) and W.D. McPherson Files (1916-1919). For background see Thomas Edward Brown, "Shell shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War" in Health, Disease and Medicine: Essays in Canadian History, ed. Charles G. Roland (Toronto: Hannah Insititute, 1984), 308-332.

The newspapers continued to report cases of shell shock into the 1920s. One such article, in the Toronto Star of June 18, 1927, was headed "War Hurts Drive Man Crazy; Wife Destitute and Alone," exploits the negative reputation of the Asylum as a place of imprisonment, and the Gothic imagery of its "gloomy and relentless walls on Queen street," as a foil for the "spotlessly clean .... little house on St. David's street" that the patient has been deprived of by being comitted.

The man had been a good worker, had received a gunshot wound over his right eye, and been awarded the D.C.M. On resuming his old job at Massey's he had suffered periodic bouts of "mental trouble" and finally been unable to work. He had been examined at the General Hospital and removed "to the confines of 999 Queen street west." The application for aid on his behalf had been turned down by the "Ottawa authorities." Now his wife was destitute. His case is seen as typical:

> one of these most unfortuante of men who after arduous service and an A1 discharge reap in after years the harvest of the insidious seed that was unquestionably planted in the days of active service. "Post-war origin," is the cry of the authorities ....

The weekly visit of the patient's wife to the Asylum is "the most pitiful pilgrimage of all time." Her interview with her husband is "a tragedy that would break the barriers of cold indifference in the heart of the most callous." The patient calls tells his wife "You are my lady," and she replies "No, I am your wife." He gives her buttons or other trinkets, unaware that he is "at the centre of a ghastly calamity" and "living the life of the living dead."

121. "(Report of the) First Annual Meeting of the Canadian National Committee for Mental Hygiene," Canadian Journal of Mental Hygiene 2 (1920), 172-81.

122. C.K. Clarke, "Mental Hygiene in Canada," The Lancet 1 (June, 1923): 1139-41.

123. According to Thomas Edward Brown, "Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto (Queen's University, Kingston: Unpublished Ph.D. Dissertation, 1981), during the inter-war period Canadian psychiatrists expanded their jurisdiction, "invading the precincts of the court, the prison, the school, the factory and even the home" (374). That the war actually facilitated such expansion is apparent in these texts.

124. While my view of Clarke and his clinics is negative if not cynical, it is not inconsistent with Brown's view in Living with God's Afflicted that "Clarke's campaign to keep Ontario in the forefront of the `new psychiatry,' by shifting the attention of both asylum officials and politicians away from the problems of the asylums to the promise of the psychiatric clinic, had the unintended consequence of perpetuating, and in some ways, justifying the abuses, deficiencies, indeed, the very system of institutions that Clarke was attempting to reform" (370). In some ways my version of Clarke resembles the "progressive" of David Rothman's Conscience and Convenience: The Asylum and Its Alternatives in Progressive America (Boston: Little, Brown, 1980), with the importance difference that Clarke's intentions, so far as they can be told from his texts, are never simple, least of all in their "benevolence." Perhaps because of his pivotal role in the history of asylums, Clarke encapsulates (or compartmentalizes) in himself features of what Rothman sees as two sides of the same movement, the identification of problems in the asylum, and their cosmetic "solution" in ways that actually consolidate them. On Clarke's "banishment" see C.B. Farrar, "I remember C.I. Clarke (1857-1957)," American Journal of Psychiatry 114 (October, 1957), 114. See also Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files, Letter of December 28, 1918 to All Superintendents, Container 47, Dr. Harvey Clare Folder. Dr. Clare advises the superintendents of the Ontario Hospitals of Clarke's and Dr. C.B. Farrar's intention to visit "the various Provincial Hospitals on behalf of the Soldiers' civil Re-establishment" and warns them that "no general inspection of the wards or other portions of Provincial Institutions is feasible other than by the regularly appointed Inspector, without notice from this Department" (Clare had been appointed Assistant Inspector on August 29, 1918).

125. The title a quotation from the following fragment, by Mr. Robert, admitted on July 27, 1909.

> My new bed is in a good place
> And the lunies are going a pace
> Telling there troubles in there delusions
> So now I come to a conclusion
>
> Its hard to tell who won the race
> For they certainly did go a pace

One would start the other to lark
Then all of a sudden a good bark

Its a treat when they get done
Then of course cease of fun
No doubt they'd make you laugh
then you feel if your going daft

Now I'm going to conclude
For I said all thats thrude [?]
Of course we all like a laugh
I write this Jake on your behalf

Jake ---- and I spent a good time
In Mimico's beautiful house of Zion
He certainly was a friend to me
So he's a good fellow you can see

Four years are passed and gone
When Jake and I would cricket on the lawn
A walk and talk we often had
When I think of old times it make[s] me sad

126. One of Miss Dickens's poems is reproduced below, for its depiction of some of the routines of Asylum life.

Our Day
(It's best not to mention the night.)

After the bath is over,
After we all get dry;
Then the coal-oil is sprinkled,
To make the aviators fly.

Next we get our breakfast,
Of porridge or something such,
The food we get in this place,
Is surely not up to much.

Then up to our rooms we go
To put our beds so trim,
Then Dr. Robinson pays a call;
We are rather fond of him.

Then sew till dinner-time, which is tough,
The meat was meant, I think,
For little puppy-dogs, and small cats
Or else throw down the sink.

Ting a lingling the bell doth ring
Some visitor I see
Though it's no use to strain my eyes
It's no one to see me.

At four o'clock the door they unlock
And we go to our rooms again.
To fold the counterpanes and the shams
And the carpets to treat the same.

The tea-bell rings, so down we go
In mingled hope and fear,
That pie is up for tea to night
But no such luck in here.

At eight o'clock we got to bed,
Our little day is o'er,
And as I now feel very tired
Ill not say any more.

Miss Dickens, 999 Queen Street West, Toronto

[127] Archives of Ontario, Ministry of Health Records, Queen Street Mental Health Centre, Case Files, RG 10-20-B-2. These were accessed under the Freedom of Information Act. Names and institutional identifiers of patients (such as file or case numbers) have not been reproduced. I have supplied patients with pseudonyms, in order to avoid referring to them as "cases."

[128] See Morton Schatzman's "Paranoia or Persecution: The Case of Schreber," Labelling Madness, ed. Thomas J. Scheff (Englewood Cliffs: Prentice-Hall, 1975), 90-119. Miss Adams's dilemma calls to mind Morton Schatzman's point that "many people whom psychiatrists call `paranoid' have been persecuted, and know it, but they do not recognize their real persecutors, nor how they have been persecuted" (113). Miss Adams was by no means alone in suspecting that her affairs were being meddled in, and that she was not being told the truth about such interventions. Many of the patients whose writings are discussed in this chapter obviously had reason to suspect that their writings were being intercepted and confiscated, or at least read by others besides their intended recipients. Such suspicions, the near impossibility of getting them reliably confirmed or denied, and the myriad uncertainties regarding the outside world which they would have aggravated, must have hurt many patients' mental health.

[129] C.K. Clarke, "A Study of 5,600 Cases Passing Through the Psychiatric Clinic of the Toronto General Hospital. A Special Study of 188 Clinic Cases -- Also a Survey of 767 Cases of Illegitimacy," Canadian Journal of Mental Hygiene 3 (July, 1921): 11-24.

[130] Carolyn Strange, in Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930 (Toronto: U of Toronto P, 1995), describes cases of young women who were judged defective or "feebleminded," apparently for no other reason than "unapologetic pursuit of good times" (141).

[131] See Jennifer Stephen, Mental Hygiene, Mental Defect and Mental Age: The `Feebleminded Woman' and the Work of the Toronto Psychiatric Clinic, 1900-1927 (Unpublished Master's Thesis, Graduate Department of Education, University of Toronto: Toronto, 1995). Stephen describes how "apparent sexual immorality in women was recast in medical and psychiatric terms, described as feeblemindedness, as delinquency, and as `mental degeneracy'; the `feebleminded woman' was, in turn alleged to be the primary agent in VD transmission" (35).

[132] Some patients seemed to want to introduce their doctors to the criminal underworld. A patient admitted on February 27, 1927 had perjured himself in order to protect a friend with whom he had forged some checks. The patient was an ex-convict who had spent 6 years in the Stoney Mountain Penitentiary in Manitoba for attacking a guard in gaol -- where he had been sent for forgery. He had been brought into the Asylum suffering from "delusions" that the police were constantly watching him, and that ordinary citizens were stool-pidgeons. He begins his letter (to Dr. Fletcher?) with the instruction to "read ... very carefully. So as to understand the full meaning of what I have to say ...." He proceeds to relate an episode in the life of a petty crook.

He and the friend had passed the checks then taken the early train from Portage la Prairie to Winnipeg. They had stayed in a Salvation Army Hotel where the friend had written out some more bad checks. The patient had then attempted to use them to purchase some merchandise in a "Jew store" in Winnipeg. He had had cash in his pocket. The proprietor had insisted that someone identify him. He had left and subsequently visited a series of establishments on Main Street, all of which had refused to cash his checks without suitable identification. Meanwhile someone had become suspicious.

He had realized that the police were following him and "walked on as if nothing had happened to me that day at all, in a natural way of course, but they still stuck to me." They had searched him in a vacant yard, found the checks, and demanded where his partner was. They had not avoided being seen together and had really been rather obvious: "every time I would come out of a store, the both of us would meet, then we would put our heads together to talk, about always trying some other Store." Two heads are not always better. Meanwhile the partner had fled: So naturally me not being in the Check Artist business before and being that my partner had given me and the police the slip of course, himself jumping aboard a street car and leaving me to bear the blunt of the outcome, of course I felt pretty sore against him.

After the police gave him some cigarettes and some "soft soap," he decided to "double cross" his "yellow streak of a partner." He only wishes he could have "squealed" on him in the Assizes Court, and "sent him down for a few years."

Doctor Fletcher describes him as a case of "Constitutional Inferiority." He was discharged on June 18, 1928.

[133] Dr. C.K. Clarke, "Occupational Wanderers," MacLean's Magazine (April 15, 1922): 22-42.

[134] The whole poems is as follows:

"Queen St. Asylum"
There's an institution on Queen west
Where we lunies are sent to rest
Of course we all have a screw luice [sic]
So here's the place we play the duce

To [?] this institution I refer
Some times we get a transfer
We tell Dr Campbell were [sic] all right
He knows were crazy at first sight

some times we lunies dont no [sic] why we are here
Campbell orders a dose of saults
And sends us to the rear
To keep us in good cheer

Of course we all have flats to let
I write this poem it makes me sweat
Of course I have a good excuse
Campbell says its no use

We all get in and cant get out
So here's the place we grow stout
Campbell laughs as he passes by
So we lunies have a good cry

Every morning Campbell takes a trip
To see us lunies on the rip
All kinds of tricks we do preform [sic]
So now its time to reform

Or Dr Campbell is dressed in white
And we think he's all right
A pair of glasses he does wear
Of course we never see him swear

His disposition is very kind
And his face most refined
The ladies say he looks cute
I wish I had him for my bruite [?]

He is a Christian I do believe
And of course will not deceive
So with a jest of some kind
He's very clever in his mind

Now what do you think of your patient poet
Its only now you begin to know it
---- is a poet and like[s] to show it

135. See Archives of Ontario, Inventory RG 63, Inspector of Asylums, Prisons and Public Charities, "Historical Sketch."

136. See Dr. Edward Ryan, "Seven Years' Advance in the Ontario Hospitals for Mental Diseases," The Bulletin of the Ontario Hospitals for the Insane 6.1 (October, 1912): 3-11. Edward Ryan, a fellow Asylum doctor, complained about Clarke's wasting so much time and energy worrying about "the degeneration in store for us" (9), at the expense of "the plain demands of our own day." Greenland believes that the attack was principally motivated by an old quarrel in which Clarke called Ryan, his successor at Rockwood Asylum in Kingston, "a political hireling." Greenland merely observes that Clarke was "deeply concerned about Canada's lax immigration policy" (32). See his "Origins of the Toronto Psychiatric Hospital," TPH: History and Memories of the Toronto Psychiatric Hospital, 1925-1966, ed. Edward Shorter (Toronto: Wall & Emerson, 1996): 19-58.

137. While my view of Clarke and his clinics is negative if not cynical, it is not inconsistent with Thomas Edward Brown's view in Living with God's Afflicted (Ph.D. Thesis, Queen's University, 1980) that "Clarke's campaign to keep Ontario in the forefront of the `new psychiatry,' by shifting the attention of both asylum officials and politicians away from the problems of the asylums to the promise of the psychiatric clinic, had the unintended consequence of perpetuating, and in some ways, justifying the abuses, deficiencies, indeed, the very system of institutions that Clarke was attempting to reform" (370). In some ways my version of Clarke resembles the "progressive" of David Rothman's Conscience and Convenience: The Asylum and Its Alternatives in Progressive America (Boston: Little, Brown, 1980), with the importance difference that Clarke's intentions, so far as they can be told from his texts, are never simple, least of all in their "benevolence." Perhaps because of his pivotal role in the history of asylums, Clarke encapsulates (or compartmentalizes) in himself features of what Rothman sees as two sides of the same movement, the identification of problems in the asylum, and their cosmetic "solution" in ways that actually consolidate them. On Clarke's "banishment" from the asylums of Ontario, see C.B. Farrar, "I remember C.I. Clarke (1857-1957)," American Journal of Psychiatry 114 (October, 1957), 114. See also Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files, Letter of December 28, 1918 to All Superintendents, Container 47, Dr. Harvey Clare Folder. Dr. Clare advises the superintendents of the Ontario Hospitals of Clarke's and Dr. C.B. Farrar's intention to visit "the various Provincial Hospitals on behalf of the Soldiers' civil Re-establishment" and warns them that "no general inspection of the wards or other portions of Provincial Institutions is feasible other than by the regularly appointed Inspector, without notice from this Department" (Clare had been appointed Assistant Inspector on August 29, 1918).

138. See Roy Porter's "The Voice of the Mad," in Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency (London: The Athlone Press, 1987), 229-273.

139. Among the works preserved in his file is some "doggerel" describing C.K. Clarke conducting the Christmas Concert of 1910:

The nurses sat there, each quite prim on her chair,
The pianist, she sat on the stool
And Doc. Clark he looked grand
With a stick in his hand
And, I tho[ugh]t of my teacher at school.

One cannot know what he thought of his old school-teacher, but it was probably rather less idyllic than another doctor, Dr. R.H. Robinson, imagined in his own (possibly even worse) poem on the same subject. In a rather scatter-brained article in the Dominion Medical Monthly of June, 1911, Dr. Robinson describes how "the recollection of the sad condition of some of those in the wards led us to get up and" -- write down what came to him in a poetic fit:

Fond memory would again be blank
And they once more a hopeless crank,

But Dr. Clarke and his orchestra try
To carry them back to the days gone by,
Of fireside lays
And golden days....

It is enlightening to know, in terms of the doctor/patient relationship at the Toronto Asylum, that Dr. Robinson and Mr. O'Mally did not get along. Writing in the "Clinical Record" of August 7, 1915, Dr. Harvey Clare describes how, at the request of Mr. O'Mally's sister, Dr. Robinson involved himself in Mr. O'Mally's case. One evening they were alone in Mr. O'Mally's room when the latter "became angry and hit the Dr. over the head with a pitcher, inflicting a sever wound." It amused Dr. Clare to record Dr. Robinson's statement that "it was the most vivid illustration of demoniacal possession that has ever occurred in this world since Biblical times." Dr. Robinson had probably been trying to exorcise Mr. O'Mally of his addiction to alcohol.

140. The Archives of Ontario contains ample evidence of political interference and collaboration if not collusion on the part of doctors and politicians alike. After the defeat of the provincial liberals in that year's election, Dr. Daniel Clark of the Toronto Asylum, himself a long-time "Grit," wrote the new Provincial Secretary, W. J. Hanna, on April 24, 1905 to offer him his resignation:

> I am now in the thirtieth year of my superintendency of this asylum. I am also in the seventy fifth year of my age and although my capacity for work remains normal yet it is my wish to retire fromt he cares and responsibilities which my present position entails.

Clark lists several pages of "improvements, executive and structural." He believes that the best gauge of his achievements is the "the faith the public has ... in our work," and the best gauge of that is the "revenue from the payments of relatives." By this gauge, an increase from $12,000 in 1874 to $41,000 in 1904, represents an improvement of "public trust" by several hundred percent. It seems unlikely that such moral arithmentic would have conveyed anything to the Hon. Provincial Secretary, beyond perhaps the vague impression of more money to spend. Whether it would have encouraged him to "favourably consider," as Clark went on to request, a "retiring allowance" along the lines of what Workman got, "after twenty two years service ... $5000," as Clark reminds him, seems equally unlikely. Attached is a copy from the Hon. W.J. Hanna's secretary, rather cooly acknowledging the receipt of the Superintendent's letter, and accepting his resignation. There is no mention of the "allowance." See the Archives of Ontario, Provincial Secretary's correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter of Dr. Daniel Clark of April 24, 1905, Container 7, Daniel Clark Folder.

In a letter to the Honourable W.J. Hanna dated June 23, 1905, Mr. James S. Fullerton [?] wrote the Hon. W.J. Hanna to ask that one Dr. Williams be appointed Medical Superintendent of the Toronto Asylum. Williams's principal recommendation is having been a loyal Conservative or, as Fullerton more circumstantially puts it, "for the last twenty-five years at least ... the recognized standard bearer of Conservative principles in South Oxford, speaking from many plat-forms [sic] at every election." Fullterton concludes that "there is no man in Canada who has given more constant, more unselfish or better work to the Conservative Party, in his way, than Dr. Williams."

Williams has run several times for South Oxford and been defeated, first by Adam Crooks, and second by Dr. McKay. The writer argues that since the Conservative incumbent owed his late victory partly to Dr. Williams's earlier work on behalf of the party, since Dr. McKay had been promised the superintendency of the Toronto Asylum had he won, and since the Toronto Asylum was a provincial institution, "it seems very fitting that [Dr. Williams] be awarded the prize." See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter from James S. Fullerton of June 23, 1905, Container 30, Toronto Asylum Folder.

Dr. Williams does not have any special training for the position, and the writer does not seem to think that he should. For <u>both</u> sides the appointment is a blatant, shamelessly political trophy. Moreover the felicity of awarding it to Dr. Williams lies not just in giving it to a Conservative doctor, who might conceivably have been a competent alienist, but in giving it to a Conservative doctor who is also the personal enemy of the Liberal doctor for whom it was intended. A fat folder in the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.D. McPherson Files (1916-1919), Container 106, labelled "J.J. Williams Folder," indicates how vigorously Williams Williams campaigned for the superintendency of an Ontario psychiatric hospital -- <u>any</u> Ontario psychiatric hospital.

Williams himself wrote on March 31, 1905 to apply for the "position of Medical superintendent of the Woodstock Asylum." He immediately emphasizes not his medical qualifications but his political connections and, moreover, his "strong claims on the Government worthy of recognition." He has campainged in numerous elections, "both on and off the Platform," and has even been thanked by the premier, Mr. Whitney, "personally by letter," for helping to elect one Mahaffy in a recent bye-election. Only after relating these political qualifications, does Williams mention his being "a Graduate of Twelve years standing of both Toronto and Victoria, and having been steadily in practice ever since." The letter seems to have been accompanied by a brief note from A.B. Thompson, M.P.P., recommending him for the position. Williams forwards more recommendations, on April 29 and May 6.

It seems to have been the same at every other Asylum. Take but two more (related) examples, Dr. Spohn's "retirment" from the Penetang Asylum, and Dr. McCallum's transfer to the same institution. On November 30,1907, Dr. Sphon, Medical Superintendent of the Asylum for the Insnae, Penetanguishene, wrote to the Hon. W. J. Hanna, Provincial Secretary. In the first two (undated) pages, he explains that the second part is a "brief statement of the work done at this Asylum since I have been in charge." He also reminds the Provincial Secretary of the details of an earlier discussion at which one A.P. Campbell (Dr. Spohn's lawyer?) was present. According to Dr. Spohn these details included the Provincial Secretary's verbal agreement to give him $3500 upon retirment from the Asylum, plus $1750 for his thirty-two years as surgeon at the reformatory. The total comes to about $5000, which, Dr. Sphor points outs, was what Inspector Christie got when he retired.

The accompanying 10-page letter "justifies" this gratuity. Moreover, with its often rather craven and pleading tone, its slightly paranoid asides at political foes imaginary or real, it indicates the political climate in which it was written. It also indicates the ethical environment, since not once in its ten pages are patients mentioned, though it is clear that they did the physical labour, the building and farming which together comprise the sole basis and justification for Dr. Sphor's claim to such a fat "gratuity."

After five pages detailing such work, Dr. Spohn states his thesis, which is that he is not retiring but being unjustly <u>removed</u>, "because certain parties have been howling for my head since the change of Government." This unnamed enemy has schemed against and misrepresented Dr. Spohn to the Provincial Secretary. According to Dr. Spohn, his enemy, who will "stop at nothing," has boasted that he would seize the opportunity created by change of government and his own "great influence" in the same, and "see that my head was cut off." With an unnamed "Lieutenat," this foe has enlisted the townspeople to misrepresent the good doctor to the government, and intrigued to get their followers on the staff. The latter fabricate problems within the Asylum, which in turn become the basis of further misrepresentation.

Dr. Spohn concludes that he is the victim of a political conspiracy, all the more unjustly considering that, as he says, "I have taken no interest in politics in any shape of [sic] form since my appointment." He is especially incensed that he has been accused of spending too much time away from the Asylum operating a dredging business, while Dr. Ryan of Kingston is allowed to maintain a private practice, because he is "fortunately a Conservative." Dr. Sphon concludes that "different treatment is meted out to me, because forsooth -- I do not happen to be a Conservative."

The tone of the Hon. W.J. Hanna's reply of December 5, 1907 is best characterized as frigid. The details, Hanna asserts, were not "in so far as the amount is concerned, as you put it." Speaking, as he writes, "from memory," he insists that the amount he he had mentioned as "gratuity" was not $3500 but $2400 or 2600, based on the salary acutally paid. He also insists that he had stated at their meeting that anything beyond that amount, a year's cash salary, "would be a matter of argument." The matter would have to be rsolved by the Cabinet Counicl, when the contents of Dr. Spohn's letter would be given "proper consideration." The Provincial Secretary concludes rather wanly that "I did not give any assurance as to what the Council would do with regard to such excess

amount."

There is every indication that Dr. Spohn was being eased or bought out by the governing party, and that he might have been misled as to the amount of the purchase.

On May 19, 1909, one Mrs. Webster wrote one Mr. Dargavel, MPP for Elgin, begging him to get rid of her boss, Dr. McCallum, Medical Superintendent of the London Asylum, "the blackest Grit that ever trod the earth." She claims that he is driving the staff mad, especially herself it sees: "Yesterday and to-day [sic] we are all almost insane ourselves .... we will all have to resign if something is not done." The mass resignation of the Conservative staff of an insane asylum, because they have been driven mad by the Liberal officers, poses an interesting medical problem.

Mrs. Webster seems to have joined the staff in some sort of clerical capacity; she complains that Dr. McCallum "will not allow me to control the mails" -- adding, incidentally, that "he could not treat a squaw worse than he treats the Assistant Matron and myself." The Liberal McCallum has made this good conservative woman's life a "hell on earth." Those good Tories, "the Hon. Mr. Hanna or Hon. Mr. Whitney had not the faintest idea what a brute they have here feeding at their board." If they did, she heavily implies, they would fire him immediately.

She adds a litany of reasons. That "he is hated like poison here," seems obvious enough already. That "the Conservatives cannot get at him here in the Constituency," basically because "he has nothing to do with any person around the twon or country," seems only sensible on his part. But most of these "reasons" seem to amount to little more than the fact that she and her Conservative friends hate the good doctor, and that he is "an old miserable, mean Grit [who] would not let one of us live if he could help it," which seem like the one and the same reason. She concludes her argument with an irrefutable reason, that Dr. McCallum, apparently already filthy rich with ill-gotten Liberal booty, should not continue to "get his living out of Conservatives, when he never cast a vote for them in his life." Plunder is permitted provided it does not cross party lines.

While Mr. Dargavel, M.P.P. for Elgin, forwards Mrs. Webster's letter on May 21, 1909, with a note that he has "considerable confidence in Mrs. Webster," the widow of a law partner of the Hon. John Wood, doubtless another loyal Tory, the Hon. Provincial Secretary is not so sure. He replies to Mr. Dargavel on may 28, 1909, that he has already received some of Mrs. Webster's letters through George Taylor, M.P. Whether or not on account of the "blackest Grit that ever trod the earth," the Hon. Mr. Hanna expresses his opinion that Mrs. Webster is indeed "breaking down mentally."

Yet it is evident that the Provincial Secretary had been trying to get rid of McCallum for some time. In a letter to Dr. of November 14, 1907 to Dr. William Osler, Regius Professor of Medicine at Oxford, Hanna himself criticizes Dr. McCallum for some of the same things as Mrs. Webster:

> The fact is the Doctor has made the mistake of being General, and Lieutenant, and Private, and everything else in sight, instead of putting himself in a position where he could look to the heads of the different Departments under him for results.

Hanna's letter to Osler also seems to confirm Mrs. Webster's depiction of McCallum's isolation and general unpopularity:

> The Doctors of London and vicinity, irrespective of politics, were quite outspoken in their opinion that it would be unfair to the Department and the Province to continue Dr. McCallum there.

While he agrees with Dr. Osler, that McCallum is a good man as well as a good doctor, he intends to transfer him to the Asylum at Penetang.

An article in the London Free Press of November 11, 1907, notes that Dr. Robinson would become Medical Superintendent in London, with Dr. Harris as his likely assistant, replacing the late Dr. Buchan. The article also reports an anonymous statement, that Dr. McCallum would not accept the transfer to Penetang, a "minor post." An earlier letter from Hanna to McCallum dated October 9 indicates that McCallum had thought (without foundation, Hanna claims) that his transfer was to Brockville. A "secret" note from McCallum's wife, dated October 12, begs Hanna to delay the transfer till Spring: "Perhaps I am foolish about it but going to that North Country in the winter-time fills me with unutterable dread." The note is black-bordered, like the announcement of a death or a funeral, as if Mrs. McCallum saw the transfer that way, and wanted the Provincial Secretary to know that she did. See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter (undated or November 30, 1907) from Dr. Spohn, Container 30, Envelope 23.1; the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter from Mr. J.R.R. Dargavel, M.P.P. of May 21, 1909, Typed Transcript of Letter from Mrs. Sara Webster of May 19, 1909, Letter from Hon. W.J. Hanna to J.R.R. Dargavel of May 28, 1909, Container 30, Envelope 23.6; Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, Hon. W.J. Hanna Files (1905-1916), Letter of November 14, 1907 to Dr. William Osler, Container 23, Folder 23.32.

Given these rather sordid goings-on, Clark's reply to Dr. Lusk, the Secretary of the Ontario Medical Association, asking him to "write a paper dealing with the question `Of forward work in the Asylums,' and the present method of appointments, etc.," seems pragmatic in the extreme. Perhaps because he is already enjoying the benefits of a good appointment himself, he expresses himself "content to wait until the Government has shown itself opposed to adopting the ideals of the Medical profession." Moreover, he argues that "If we are given a Psychiatric clinic in Toronto ... the question of political heads for Hospitals for the Insane, will die a natural death." This must have been wishful thinking, or false. Perhaps it would not be too cynical to suspect that Clarke was willing to overlook such matters in the Asylums for the sake of his clinic, and generally to connive at "political interference" so long as it went his way. His deviousness is in implying that if people would only tolerate intolerable conditions at the Asylums for the sake of his clinic, they would eventually have not only that but improved asylums as well. This seems consistent with my own thesis, developed below, that in his numerous arguments Clarke merely exploited the Asylum and its patients or inmates, if anything <u>more</u> than his predecessors had done. See the Archives of Ontario, Provincial Secretary's Correspondence, RG 8-5, W.J. Hanna Files (1905-1916), Container 47, C.K. Clarke Folder.

[141] See Mr. O'Mally's poem "Those Cruel Tories and Dr. Herriman."

'Tis claimed Toronto is a city
That is always bright and gay,
But an institution on Queen St. West,
Is mighty sad today.

The laundry women went to work
A tear in every eye
And, when I met the nigger wench
I asked the reason why.

She flung her arms around me
shed scarcely speak a word
At least between her sobs she moaned
We're going to lose our Lord.

I gaze upon her blankly;
And, I said God never dies
But she wailed Oh Jack, 'tis Herriman
And, not the one in the skies.

Them wicked Tories are sending him
to idiots way up north
And, he said he loved poor Dinah too,
and, again the wails broke forth.

Oh Jack, aint it just awful bad
How them tories are so mean
To take our doctor from us so,
and, all some dirt to screen.

Tis on account of the by election
We have to lose our friend
If twent for that they'd leave him here
On that you may depend.

And, I'll never like the new one
I think his name is Clare,
I cant ask him for some salts each week
Oh Jack, it isn't fair.

And, she says I hope old Whitney
And, that papist Dawney too
will get a good hot place in hades
when their idiot work is tru.

And, she sayd, I don't know what to do
My heart is broke you see;
While that scoundrel Whitney can drunk hot scotch
Like he did at Napanee
And, Have it heated to his taste with electricity.

Then I says poor Dinah do not wail
don't weep so, and dont cry.
Vengence is mine the Lord has said
He'll pay them bye and bye.

And, altho you'll miss Doc Herriman
He'll be more among his own
For he's partly idiot himself
so 'twill be to him like "home."

And, when our Journey is over
And, we cross the Jordan o'er
Then you and I shall wear a crown
On the glorious Heavenly shore.

For life here is but a twinkling
To eternity above,
And, we'll both be happy yonder
Where everything is Love.

[142.] Dr Herriman, in the annual report for 1932, reports that "with the appointment of Miss Katherine Day as social worker a great change has been effected in respect to contact with patients' families and environmental conditions and in respect to conditions concerning probationary cases." In 1933 the province officially adopted the policy of placing selected patients in approved boarding homes. Such arrangements naturally altered the conditions of the class of patient represented here. Those who could write well tended to make it out, as did their mail. Beginning in the 1930s, there are fewer letters, and more Social Service Reports.

[143.] See Shirley G. Morriss, ed., The Journal of John George Howard (Toronto: Ontario Heritage Foundation; Ministry of Citizenship and Culture, 198-?). Howard, the architect of the Provincial Lunatic Asylum, describes how, in the late 1840s, the first patients from the Temporary Asylum arrived by "wagonload."

[144.] One such "case" seems typical. On May 21, 1926 a 42 year old labourer was admitted with the symptoms of paresis: "flattened out expression of facial muscles, slurring speech, corase tremor of fingers, talks at random and shows flights of ideas. Memory and orientation patchy." In July of 1926 he was given a series of treatments of suphoxyl salvarsan and bismuth. By Novemer of 1926 he had become depressed and had to be tube fed. He received another series of salvarsan treatments in January of 1827 and one D.R.F. thought that he had improved physically if not mentally. The patient polished the floor. In July he suffered an "epileptiform seizure" and in late July appeared to be failing, but by 1928 he was receiving non-specific protein therapy and seemed brighter. In the early 30s he eloped several times, once gettinga s far as his borhter's house. In October of 1932 his Wasserman was negative. In the late 1930s he is described as "a paretic who works about the hall" and "hangs about the ward doors trying to escape." It is difficult to gauge the degree of his "recovery," as he spoke little English. The doctors had initially interviewed him through an interpreter.

[145] The Medical Superintendents during this period were the following: Dr. J.M. Forster, 1911-1920; Dr. Harvey Clare, 1920-1925; Dr. F.S. Vrooman, 1925-1928; Dr. H.A. McKay, 1928-1930. By 1922 it had become clear that the Queen Street institution could not be closed. In 1923 a series of long-delayed improvements began, including (finally!) the installation of a new steam-heating system and improved hydrotherapeutic appliances. In 1924 Salvarsan was introduced to treat patients suffering from general paresis, and malarial treatment was started in 1933. Other more "heroic" therapies, like shock therapy using metrazol or insulin, were introduced in 1938 for the treatment of schizophrenia. Electroshock was not introduced till 1943. See Gifford Price, A History of the Ontario Hospital Toronto, Master of Social Work Thesis, School of Social Work, University of Toronto, 1950, p. 97-100.

[146] Porter states that while some 17th-century writers were generally not interested in "the physical but in the metaphysical nature of the madhouse," 18th-century writers were increasingly "dominated by one exceedingly tangible presence: notably, the madhouse, a totally secular institution" (269). Writers like Miss Adams and Miss Stein found some degree of "paradox" in the nature of asylum life, but rooted in the emotionally charged routines of an oppressively material building.

Just for the record, I cannot recall a single patient or inmate writer who was unequivocally positive about the Toronto Asylum. Occasionally a writer writes something good about it to a relative or a doctor, but this invariably seems to be motivated by a desire to appear "well" -- and to get out faster.

Mr. Jones was such a writer. He was admitted in 1910 with a morphine addiction. Others compared the Asylum to a hotel (a bad one), but he makes it resemble a spa or a modern fitness club, as he describes his improved physical condition and boasts that "I am forty inches around the chest, and have a fourteen-inch bicepts. I have taken a general course of physical culture ever since coming here, and am in the pink of condition." His assertions that "I have got ambition" and "I have that habit of mine beaten so far that you can't see it," his promise that "I am going to `made good'," and his off-hand dismissal of the place where is as "this old bug-house," are probably all part of that unconvincing "plausibility" that the doctors remarked. On the one hand he seems to elevate the place, and on the other to dismiss it entirely. Perhaps he cannot make up his mind, or perhaps he cannot really admit to his correspondent any more than to himself what it really is -- and that it is not so easily dismissed. His assertion that "I guess I could leave about any time now, but I want to go on a little further with my music," as if the Asylum were his conservatory, rings similary false -- a denial of the terms of his confinement there. Is it all a fiction? The hope that "I will some day be dropping in to hit you for a job" seems no more realistic. It resembles the "career ambitions" of Miss Adams, above.

In a letter to Dr. Clarke dated February 2, 1911 he seems to have lost his parole yet again and writes to have it back again "in the afternoon. I am in fairly good condition again and I would like to be able to go out on the ice for the remainder of the season." He claims to have altered his view of the Asylum:

> I believe that my little hysterical attack of a few weeks ago was about the best thing that ever happened to me -- taking "dope" and all -- for it made me absolutely disgusted with myself .... I have had more confidence in myself than I ever had before, in regard to conquering the "dope," and also, I have considerably moderated my point of view regarding this Asylum. Heretofore I have always thought -- "How long do the girls want me to stay?" Now the question is -- "How long ought I to stay?" -- and the answer with me now is -- "until I am well."

The letter develops his "fiction" that at the Asylum he will learn enough about music to undertake a new career, and indeed that he is only staying in the Asylum to learn more about music: "Also I have become ambitious to be a musician, and I do not think I could have any better opportunity than I have here." He reverts to his characteristic quotation marks to set off an especially plausible maxim, as he asserts that the sexual problems he earlier expressed are now under control: "I think I have settled that for all time -- `as a man thinks, so is he'." Again, he probably protests too much when he assures Clarke that "I am not trying to `taffy' you for my parole, but am trying to give you the results of my late `bust'." And again quotation marks surround his too plausible explanation, his too simple and easy solutions:

> my conclusion of the whole matter is simply "that if a fellow trys [sic] for all that is in him to do what is right, and keeps his thoughts entirely away from that which is injurious (women, dope, etc.) nature will give him back the mental and nervous poise he has lost."

In his letter to Dr. Stead of April 21, 1911 he attempts to ingratiate himself with the latter by letting him into what he terms "a deep dar-r-rk secret," that the lessons he has in mind are vocal. While ostensibly saying something "good" about the patients, he subtly distinguishes himself from them. "They" may be "nutty," but not enough to stand for his taking singing lessons in the ward. He does not say "we." He boasts that "Damon and Pythias will be a pair of `also-rans' alongside of the Professor and me" and that "I will stick to him like a leech." He eloped on June 2 1911 and was "written off" by Dr. Forster on July 3.

[147] For a good discussion of the kind of thought prevalent among late nineteenth-century medical superintendents, see S.E.D. Shortt, Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry (Cambridge: Cambridge UP, 1986), especially chapter 4, "Genesis of Etiological Speculation," 94-123. He suggests that Bucke and his contemporaries (who certainly included Daniel Clark) "had pragmatic professional motives for enthusiastically endorsing degeneration as an etiological reality," principally because it "substantiated the somatic model of mental illness": "The existence of a hereditary neuropathic diathesis, usddenly made overt by situational stress or vice, provided an important explanation for the manner in which these functional deficits operated" (104). It would also have got them off the hook for the failure of moral therapy or, as Shortt more elegantly puts it, "the depressing decline in cure rates in late nineteenth-century asylums" (104).

[148] Thomas Edward Brown, "Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto (Queen's University, Kingston: Unpublished Ph.D. Dissertation, 1981).

[149] Most of the very few published articles on Workman are indeed of this ilk. For example, Cyril Greenland's predictably titled "Three Pioneers of Canadian Psychiatry," Journal of the American Medical Association 200.10 (June, 1967): 129-38. Greenland tells us several times that Workman was one of the "best loved physicians in all Canada" (835, 837) and connects Workman to the Clarke Institute for which the article appears to have been written on the occasion of the Canadian centennial. Greenland's examples of Workman's writing actually argue against his thesis, since they show Workman unchivalrously attacking his critics, calling Dorothy Dix's father a "paranoiac," etc. Scull's complaint about bad biography seems appropriate here: "useful ideological constructs for those bent on creating an idealized fiction as a support for their current professional identity" (Masters of Bedlam: The Transformation of the Mad-Doctoring Trade (Princeton, New Jersey: Princeton UP, 1996), 4. C.G. Stogdill's "Joseph Workman, M.D., 1805-1894: Alienist and Medical Teacher," Journal of the Canadian Medical Association 95:18 (1966): 917-23, is more informative and less gloating. Stodgill notes, for example, Workman's interesting and value-laden diagnoses. A more recent article by Peter J. Mitham, "`Very Truly and Undisturbedly Yours': Joseph Workman and a Verdict of Malpractice against John Galbraith Hyde," Canadian Bulletin of Medical History 13 (1996): 139-49, discusses several letters in which Workman supports a fellow-doctor involved in a malpractice suit.

[150] For example, Rainer Baehre, "Joseph Workman and Lunacy Reform: Humanitarian or Moral Entrepreneur?" (Paper presented to the Canadian Historical Society: Montreal, 1980). Baehre comes down hard on the "humanitarian" side, though the division now seems like a false one.

[151] See Andrew T. Scull, Museums of Madness: The social Organization of Insanity in Nineteenth-Century England (London: Allen Lane, 1979). Scull offers strong evidence for one of his principal theses, that "there was on obvious link between how serious a problem insanity perceived to be, and the importance and prestige bestowed upon those thought to be experts in its treatment" (238).

[152] Constance M. McGovern, Masters of Madness: Social Origins of the American Psychiatric Profession (Hanover, New Hampshire: UP of New England, 1985). See especially her chapter, "Selling the Profession," 127-48.

[153] Ellen Dwyer, Homes for the Mad: Life Inside Two Nineteenth-Century Asylums (New Brunswick, New Jersey: Rutgers UP, 1987). See for example "The Economics of Compassion," 29-54.

[154] In Canada Lancet 22.2 (October, 1889): 33-6. The question Workman translates from Tebaldi's Ragione e Pazzia dogged him throughout his carrer: "Do we find in the organic changes of our subjects any which may account for the numerous and varied forms of mental disorders?" "La Pazzia" answers cryptically, if at all: "You know who I am, and you will well remember that, whilst I was your clinical guest, you made a world of enquiries in order to know me thoroughly" (33).

[155] Stephen suggests that Clarke's heavy reliance on the Binet-Simon intelligence test as an indicatior of mental defect, and his strong determination to demonstrate a connection between mental defect and prostitution or "loose morals," led him to invent a new and rather paradoxical category of "high grade moron" for women who scored too high on the test. See Jennifer Stephen, Mental Hygiene, Mental Defect and Mental Age, 82-85. Like Carolyn Strange, she believes that such designations were applied to women with whom there was nothing the matter, but who "were out for a good time, and were guilty of moral infractions but had not turned their `immoral careers' to commercial gain" (81).

[156] C.K. Clarke, "Mental Hygiene in Canada," Lancet 1 (June, 1923): 1139-41.